



To help you through what can be a very difficult, emotional, and confusing time, we created a settlement option, the Total Control Account[®] (TCA), to give you the time you need to best decide how to use your insurance or annuity proceeds. The TCA is an insurance settlement option, which is a method of paying insurance or annuity benefits in full.

If the amount of proceeds payable to you is \$5,000 or more, a TCA will usually be established in your name once your claim is approved. You will receive a personalized "draft book" and a kit that includes a Customer Agreement and gives you additional information regarding your Account. By using one of your personalized "drafts," you can draw on your TCA for the entire amount at any time. Information regarding other settlement options available, including a single check, will also be provided.

While your money is in a TCA, it is guaranteed by MetLife. You can access all or part of the insurance proceeds at any time, simply by using a draft (minimum \$250). You are not charged for drafts, there are no monthly maintenance fees, and there are no penalties for withdrawing all or part of your TCA balance. All guarantees are subject to the financial strength and claims-paying ability of MetLife.

We hope that you will rest a little easier knowing that your TCA is guaranteed, earning interest at rates responsive to current market conditions, and accessible to you when you need it, giving you time to make financial decisions that are right for you. Please read the additional information regarding the TCA on the following pages.

If you have further questions about this claim, please call our toll-free Customer Service Center 1-800-638-6420.

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MET/CRAWFORD 00764

APP.051

MET/CRAWFORD 00765

APP.052

Total Control Account Features

The Total Control Account® (TCA) Settlement Option Provides...

INTEREST

- Your TCA earns interest from the date it is established. MetLife sets the TCA rates weekly. Changes in the interest rate will be applied prospectively. The interest credited to your TCA will never fall below the effective annual yield guaranteed in your Customer Agreement, and will equal or exceed the rate established by at least one of the following indices: the prior week's Money Fund Report Averages™/Government 7-Day Simple Yield or the Bank Rate Monitor™ National Money Market Rate Index.
- Interest is compounded daily and credited monthly to your TCA. (Generally, the interest you are paid will be subject to income tax. You should consult your own advisors about your particular tax liabilities and investment options.)

IMMEDIATE ACCESS TO FUNDS AND FLEXIBILITY

- The assets backing your TCA funds are maintained in the general account of MetLife or the MetLife insurance company affiliate that issued the underlying policy (the "Issuing Insurance Company").
- **You may withdraw all or part of your TCA balance immediately** or at any time you wish, without penalty or loss of interest, by writing a draft to yourself. You can write drafts from a minimum amount of \$250 up to the full amount, including interest, in your TCA at any time.
- There are no limits on the number of drafts you can write each month. The drafts MetLife provides to Accountholders can be used like checks and are generally accepted by merchants and financial institutions that accept checks. As with any check or draft, allow time for processing through your bank.
- You can name a beneficiary to receive your TCA balance in case something happens to you.
- **If you do not want a TCA, you may request a check for the total benefits by writing "check" beneath your signature on the attached claim form. A check will also be issued to you if required by state law, regulation or direction.**
- The obligation of Metropolitan Life Insurance Company (MetLife) or the Issuing Insurance Company to pay the total benefit or proceeds is satisfied by the delivery of your TCA draftbook.

NO MONTHLY MAINTENANCE FEES

- There are no monthly maintenance fees for your TCA, and no charges for withdrawals or drafts.
- There are no monthly service or transaction charges, and no charge for printing or reordering drafts.

You may be charged a fee for special services or overdrawn TCA. The fee will be withdrawn from your TCA. The current special service fees and overdraft fees are: draft copy \$2; stop payment \$10; overdrawn TCA \$15; wire transfer \$10. In accordance with your TCA Customer Agreement, special service fees or fees for overdrawn TCAs are subject to change by the processing bank. MetLife may charge you a fee if you request overnight delivery service. The current fee for overnight delivery service is \$25.00.

TCA SERVICES

- MetLife sends you a quarterly statement regarding Account balances and activity.
- Statements are also sent monthly if there has been withdrawal activity in the Account.
- Dedicated Service Representatives are within easy reach to answer any questions you may have about your TCA, including interest rates, by calling **Customer Service at 1-800-638-7283. Callers with a TDD may call 800-229-3037. You may also write to MetLife, P.O. Box 6100, Scranton, PA 18505-6100, Attn: TCA.**

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MET/CRAWFORD 00766

APP.053

TIME TO DECIDE

- Your rights to elect other available settlement options are preserved. As long as your TCA balance has not dropped below \$2,500, you may place some or all of your TCA balance in any other settlement option that is available to you, subject to that option's minimum dollar requirement.
- Group policy settlement options include a check, TCA, or a Guaranteed Interest Certificate (GIC). A GIC may be available after your TCA is established. The amount applied will earn interest at a set rate for the period you select, compounded monthly. Interest penalty applies for early withdrawals.
- If you transfer your TCA balance into another settlement option, bear in mind that this will be a new, separate arrangement. For more information about options available to you, call your assigned financial services representative, if any, or call 1-800-638-7283. Callers with a TDD may call 1-800-229-3037.

More Useful Information about the Total Control Account...

- Unless the insured pre-selected an alternative settlement option, payment is usually made by a single check for the total proceeds if the proceeds payable are less than \$5,000; the claimant resides in a foreign country; or the claimant is a corporation or similar entity.
- If payment may not be made through the establishment of a TCA, more information will be provided to the claimant as the claim is processed.
- TCAs which become abandoned property as defined by applicable law will be escheated to the appropriate state. This means that if we are unable to contact you after a certain period of inactivity on your TCA (typically three years, but may vary by state), we must close your TCA and pay the funds over to the appropriate state. The funds are still yours, but you must seek them from the state authority or state agency which holds them.
- MetLife may limit or suspend access to TCA funds in the event of overpayment, suspected fraud or other situations where entitlement to the funds is in question.
- Recordkeeping and Draft clearing services for your TCA are provided by The Bank of New York Mellon, 701 Market Street, Philadelphia, PA 19106, pursuant to an administrative agreement.
- The assets backing your TCA are maintained in the general account of MetLife or the Issuing Insurance Company. They are not maintained by The Bank of New York Mellon, which provides administrative services, or any bank or other institution. These general accounts are subject to the creditors of MetLife or the respective Issuing Insurance Company. MetLife or the Issuing Insurance Company bears the investment experience of such assets and expects to earn income sufficient to pay interest to TCA Accountholders and to provide a profit on the operation of the TCAs. Regardless of the investment experience of such assets, the effective annual yield on your Account will not be less than the rate guaranteed in your Customer Agreement. Currently TCAs established from group policies have a guaranteed minimum effective annual yield of .5%. The guaranteed minimum effective annual yield may be more or less at the time your TCA is established. **You may call 1-800-638-7283 for more information on current interest rates. Callers with a TDD may call 1-800-229-3037.**
- The TCA is not insured by the Federal Deposit Insurance Corporation or any government agency. However, the entire amount of your TCA, including all interest credited to your TCA, is fully guaranteed by the financial strength and claims paying ability of MetLife or the respective Issuing Insurance Company. **FOR FURTHER INFORMATION, PLEASE CONTACT YOUR STATE DEPARTMENT OF INSURANCE.**
- The Issuing Insurance Company's guaranty is further backed by your respective state insurance guaranty association. Maximum limits vary from state to state and may change over time. Contact the National Organization of Life and Health Insurance Guaranty Associations (www.NOLHGA.com or 1-703-481-5206) to learn more.

Total Control Account® is a registered service mark of Metropolitan Life Insurance Company.

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MET/CRAWFORD 00767

APP.054

Life Insurance Claim Form Claimant's Statement

FRAUD WARNINGS

Before signing this claim form, please read the warning for the state where you reside and for the state where the insurance policy under which you are claiming a benefit was issued.

Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.

Arizona: For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of loss is subject to criminal and civil penalties.

Arkansas, District of Columbia, Louisiana, Massachusetts, Minnesota, New Mexico, Ohio, Rhode Island and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California: For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Delaware, Idaho, Indiana and Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Florida: A person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim or an application containing false, incomplete or misleading information is guilty of a felony of the third degree.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee, Virginia and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Hampshire: A person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in RSA 638:20.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Oregon and Vermont: Any person who knowingly presents a false statement of claim for insurance may be guilty of a criminal offense and subject to penalties under state law.

Puerto Rico: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or files, assists or abets in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

Texas: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Pennsylvania and all other states: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

MET/CRAWFORD 00768

APP.055

MET/CRAWFORD 00769

APP.056



Group Life Claims
P.O. Box 6100
Scranton, PA 18505-6100
1-800-638-6420

Life Insurance Claim Form

Claimant's Statement

Claim #21412010327
For MetLife Use Only

Insured's Employer Name: _____

Insured Employee - First Name _____

Middle Name _____

Last Name _____

In order to process your claim as quickly as possible we need some information about you and about the deceased. Each beneficiary must submit his or her own Claimant's Statement. Return this completed Claimant's Statement to the Employer or directly to MetLife, in accordance with the instructions you received with this form. Be sure to include a certified copy of the death certificate that indicates the cause and manner of death. A certified copy of the death certificate is one that has been certified by the local Bureau of Vital Statistics or other responsible agency, and bears a raised or colored seal. You can usually obtain one from the funeral director who handled the arrangements. Only one death certificate need be submitted. Please note that original documents cannot be returned.

Additional Information if Beneficiary is a Minor:

If no legal guardian is appointed to handle the minor's estate, a responsible adult should complete and sign the Claimant's Statement on behalf of the minor beneficiary. Be sure to complete Section A with information regarding the minor, not the party completing the form. If a legal guardian of the minor child's estate has been or will be appointed, the guardian must complete and sign the Claimant's Statement. Be sure to include a copy of court-issued guardianship papers in the claim submission to MetLife.

A. Information about the beneficiary

1. Your Name - First (please print in capital letters or type) _____ Middle Initial _____ Last _____

Maiden Name (if applicable) _____

2. Social Security No./TIN _____

3. Date of Birth _____

☐ Male

☐ Female

4. Country of Citizenship _____

5. Day Phone Number _____

Evening Phone Number _____

6. Fax Number (optional) _____

7. Mailing Address - Number, Street, Apt./Box No. (if any) _____

City _____

State _____

Zip _____

8. Relationship to the deceased - You are the

☐ Spouse

☐ Parent

☐ Child

☐ Other - Explain _____

9. If you have signed a document with a funeral home (a funeral home assignment) that authorizes MetLife to make a payment directly to it, please attach the document and check here ☐

B. Information about the deceased

1. His/Her Name - First _____

Middle Initial _____

Last _____

Maiden Name (if applicable) _____

2. Residence Address - Number, Street, Apt./Box No. (if any) _____

City _____

State _____

Zip _____

3. Marital Status ☐ Single ☐ Married ☐ Divorced

☐ Separated

☐ Widow/Widower

4. Date of Birth _____

5. Social Security No. _____

6. Certified copy of death certificate is ☐ attached (or was previously submitted)
☐ not attached. If not attached, please explain _____

7. If the decedent also held an individual life insurance policy

with MetLife, please provide the policy number: _____ or call 1-800-638-5000 for information.

MET/CRAWFORD 00771

APP.058

Insured Employee - First Name

Middle Name

Last Name

C. Total Control Account (TCA)

Our standard payment method is in the form of a **Total Control Account**. A personalized draftbook and a kit that includes information about your TCA will be sent to you if an Account is established. Your TCA will be guaranteed by MetLife and your TCA will be accessible to you when you need it. A check will be issued to you if required by state law, regulation or direction.

D. Certifications and Signature

By signing below, I acknowledge:

1. All information I have given is true and complete to the best of my knowledge and belief.
2. That any contributions owed by the insured will be deducted from the insurance proceeds paid to me.
3. MetLife has the right to recover any amounts that it determines to be an overpayment. An overpayment occurs if MetLife determines that: (a) the total amount paid by MetLife on your claim is more than the total amount of benefits due to you under the benefit plan/insurance certificate; or (b) MetLife made payment to you when the payment should have been made to someone else. In case of an overpayment, I agree to repay MetLife the specifically overpaid funds. I further understand that if an overpayment is not repaid, MetLife reserves the right to rely on any means to recover the overpayment, including institution of litigation.
4. I have read the applicable Fraud Warning(s) provided in this form. **New York Residents:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Under penalty of perjury, I certify:

1. That the number shown on this form is my correct taxpayer identification number; and
2. That I am not subject to IRS required backup withholding as a result of failure to report all interest or dividend income; and
3. I am a U.S. citizen, or a U.S. resident for tax purposes.

Please note: If item 2 or 3 above is not true, cross out the applicable item(s).

The IRS does not require your consent to any provision of this document other than the certification to avoid backup withholding.

Please sign below include first and last name. If you are receiving a Total Control Account, this signature will be placed on file with your Account. If Beneficiary is a minor, the legal guardian or adult submitting this form must sign, not the minor.

Claimant Signature

Date Signed

► _____

MET/CRAWFORD 00773

APP.060



Metropolitan Life Insurance Company

Group Life Claims
PO Box 6100
Scranton, PA 18505

February 25, 2015

COOPER T BURNETT
10243 CATLETT LN C/O MANDY BURNETT
LA PORTE, TX 77571

RE: Insured: Tracy Crawford
Group No: 0149670
Claim No. 21412010327

Dear Cooper T Burnett:

We wish to extend our sympathies to you due to your loss. This is a follow up letter to our first correspondence dated January 26, 2015. We still have had no response.

In order for us to continue reviewing this claim, we request that you please forward the following documentation and/or requested information to this office. Please do not submit original documents unless expressly directed to – original documents will not be returned:

- A Certified Death Certificate for TRACY CRAWFORD, with a raised or colored seal, indicating the cause and/or manner of death.
- Complete the enclosed Claimant's Statement, sign and date the form.

Because the required information is necessary to further review your claim, we may need up to an additional 90 days to complete our determination. If the documentation is not received, MetLife must place the proceeds into a Liability (or holding) Account. The proceeds will remain there until the necessary documents are provided or the proceeds may ultimately need to be escheated to the appropriate state.

If you have any questions, please contact our office at 800-638-6420 prompt 2.

Sincerely

Group Life Claims Operations
BGP02

MET/CRAWFORD 00774

APP.061

MET/CRAWFORD 00775

APP.062



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MET/CRAWFORD 00776

APP.063

MET/CRAWFORD 00777

APP.064

Total Control Account Features

The Total Control Account® (TCA) Settlement Option Provides...

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MET/CRAWFORD 00778

APP.065

TIME TO DECIDE

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- TCAs which become abandoned property as defined by applicable law will be escheated to the appropriate state. This means that if we are unable to contact you after a certain period of inactivity on your TCA (typically three years, but may vary by state), we must close your TCA and pay the funds over to the appropriate state. The funds are still yours, but you must seek them from the state authority or state agency which holds them.
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- The Issuing Insurance Company's guaranty is further backed by your respective state insurance guaranty association. Maximum limits vary from state to state and may change over time. Contact the National Organization of Life and Health Insurance Guaranty Associations (www.NOLHGA.com or 1-703-481-5206) to learn more.

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MET/CRAWFORD 00779

APP.066

Life Insurance Claim Form Claimant's Statement

FRAUD WARNINGS

Before signing this claim form, please read the warning for the state where you reside and for the state where the insurance policy under which you are claiming a benefit was issued.

Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.

Arizona: For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of loss is subject to criminal and civil penalties.

Arkansas, District of Columbia, Louisiana, Massachusetts, Minnesota, New Mexico, Ohio, Rhode Island and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California: For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Delaware, Idaho, Indiana and Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Florida: A person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim or an application containing false, incomplete or misleading information is guilty of a felony of the third degree.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee, Virginia and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

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Oregon and Vermont: Any person who knowingly presents a false statement of claim for insurance may be guilty of a criminal offense and subject to penalties under state law.

Puerto Rico: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or files, assists or abets in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

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Pennsylvania and all other states: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

MET/CRAWFORD 00780

APP.067



Group Life Claims
P.O. Box 6100
Scranton, PA 18505-6100
1-800-638-6420

Life Insurance Claim Form

Claimant's Statement

Claim #21412010327
For MetLife Use Only

Insured's Employer Name: _____

Insured Employee - First Name _____

Middle Name _____

Last Name _____

In order to process your claim as quickly as possible we need some information about you and about the deceased. Each beneficiary must submit his or her own Claimant's Statement. Return this completed Claimant's Statement to the Employer or directly to MetLife, in accordance with the instructions you received with this form. Be sure to include a certified copy of the death certificate that indicates the cause and manner of death. A certified copy of the death certificate is one that has been certified by the local Bureau of Vital Statistics or other responsible agency, and bears a raised or colored seal. You can usually obtain one from the funeral director who handled the arrangements. Only one death certificate need be submitted. Please note that original documents cannot be returned.

Additional Information if Beneficiary is a Minor:

If no legal guardian is appointed to handle the minor's estate, a responsible adult should complete and sign the Claimant's Statement on behalf of the minor beneficiary. Be sure to complete Section A with information regarding the minor, not the party completing the form. If a legal guardian of the minor child's estate has been or will be appointed, the guardian must complete and sign the Claimant's Statement. Be sure to include a copy of court-issued guardianship papers in the claim submission to MetLife.

A. Information about the beneficiary

1. Your Name - First (please print in capital letters or type) _____ Middle Initial _____ Last _____

Maiden Name (if applicable) _____

2. Social Security No./TIN _____

3. Date of Birth _____

☐ Male

☐ Female

4. Country of Citizenship _____

5. Day Phone Number _____

Evening Phone Number _____

6. Fax Number (optional) _____

7. Mailing Address - Number, Street, Apt./Box No. (if any) _____

City _____

State _____

Zip _____

8. Relationship to the deceased - You are the

☐ Spouse ☐ Parent

☐ Child ☐ Other - Explain _____

9. If you have signed a document with a funeral home (a funeral home assignment) that authorizes MetLife to make a payment directly to it, please attach the document and check here ☐

B. Information about the deceased

1. His/Her Name - First _____

Middle Initial _____

Last _____

Maiden Name (if applicable) _____

2. Residence Address - Number, Street, Apt./Box No. (if any) _____

City _____

State _____

Zip _____

3. Marital Status ☐ Single ☐ Married ☐ Divorced

☐ Separated ☐ Widow/Widower

4. Date of Birth _____

5. Social Security No. _____

6. Certified copy of death certificate is ☐ attached (or was previously submitted)
☐ not attached. If not attached, please explain _____

7. If the decedent also held an individual life insurance policy with MetLife, please provide the policy number: _____ or call 1-800-638-5000 for information.

MET/CRAWFORD 00783

APP.070

Insured Employee - First Name

Middle Name

Last Name

C. Total Control Account (TCA)

Our standard payment method is in the form of a **Total Control Account**. A personalized draftbook and a kit that includes information about your TCA will be sent to you if an Account is established. Your TCA will be guaranteed by MetLife and your TCA will be accessible to you when you need it. A check will be issued to you if required by state law, regulation or direction.

D. Estate Resolution Service (ERS)

MetLife's group supplemental life insurance programs include MetLife Estate Resolution Services,SM which provides legal assistance (at no cost) to probate the estate of insured participants and their spouses/domestic partners. For more information regarding Estate Resolution Services and how to access the service, please read the enclosed document titled **MetLife Estate Resolution ServicesSM - Assistance in Probating the Estate of the Insured Participant and Spouse/Domestic Partner**.

E. Certifications and Signature

By signing below, I acknowledge:

1. All information I have given is true and complete to the best of my knowledge and belief.
2. That any contributions owed by the insured will be deducted from the insurance proceeds paid to me.
3. MetLife has the right to recover any amounts that it determines to be an overpayment. An overpayment occurs if MetLife determines that: (a) the total amount paid by MetLife on your claim is more than the total amount of benefits due to you under the benefit plan/insurance certificate; or (b) MetLife made payment to you when the payment should have been made to someone else. In case of an overpayment, I agree to repay MetLife the specifically overpaid funds. I further understand that if an overpayment is not repaid, MetLife reserves the right to rely on any means to recover the overpayment, including institution of litigation.
4. I have read the applicable Fraud Warning(s) provided in this form. **New York Residents:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Under penalty of perjury, I certify:

1. That the number shown on this form is my correct taxpayer identification number; and
2. That I am not subject to IRS required backup withholding as a result of failure to report all interest or dividend income; and
3. I am a U.S. citizen, or a U.S. resident for tax purposes.

Please note: If item 2 or 3 above is not true, cross out the applicable item(s).

The IRS does not require your consent to any provision of this document other than the certification to avoid backup withholding.

Please sign below include first and last name. If you are receiving a Total Control Account, this signature will be placed on file with your Account. If Beneficiary is a minor, the legal guardian or adult submitting this form must sign, not the minor.

Claimant Signature

Date Signed



MetLife®

Metropolitan Life Insurance Company

Group Life Claims
PO Box 6100
Scranton, PA 18505

January 26, 2015

COOPER T BURNETT
10243 CATLETT LN C/O MANDY BURNETT
LA PORTE, TX 77571

RE: Insured: Tracy Crawford
Group No: 0149670
Claim No. 21412010327

Dear Cooper T Burnett:

We are writing in regard to the above-referenced claim for Group Life insurance benefits. Please accept our sincere condolences at this time.

In order for us to continue reviewing this claim, we request that you please forward the following documentation and/or requested information to this office. Please do not submit original documents unless expressly directed to – original documents will not be returned:

- A Certified Death Certificate for TRACY CRAWFORD, with a raised or colored seal, indicating the cause and/or manner of death.
- Complete the enclosed Claimant's Statement, sign and date the form.

The required information is necessary to further review the claim. If it is not received, MetLife must place the proceeds into a Liability (or holding) Account. The proceeds will remain there until the necessary documents are provided or the proceeds may ultimately need to be escheated to the appropriate state.

If you have any questions, please contact our office at 800-638-6420 prompt 2.

Sincerely

Group Life Claims Operations

Enclosure
BGP01

MET/CRAWFORD 00786

APP.072

MET/CRAWFORD 00787

APP.073



To help you through what can be a very difficult, emotional, and confusing time, we created a settlement option, the Total Control Account® (TCA), to give you the time you need to best decide how to use your insurance or annuity proceeds. The TCA is an insurance settlement option, which is a method of paying insurance or annuity benefits in full.

If the amount of proceeds payable to you is \$5,000 or more, a TCA will usually be established in your name once your claim is approved. You will receive a personalized "draft book" and a kit that includes a Customer Agreement and gives you additional information regarding your Account. By using one of your personalized "drafts," you can draw on your TCA for the entire amount at any time. Information regarding other settlement options available, including a single check, will also be provided.

While your money is in a TCA, it is guaranteed by MetLife. You can access all or part of the insurance proceeds at any time, simply by using a draft (minimum \$250). You are not charged for drafts, there are no monthly maintenance fees, and there are no penalties for withdrawing all or part of your TCA balance. All guarantees are subject to the financial strength and claims-paying ability of MetLife.

We hope that you will rest a little easier knowing that your TCA is guaranteed, earning interest at rates responsive to current market conditions, and accessible to you when you need it, giving you time to make financial decisions that are right for you. Please read the additional information regarding the TCA on the following pages.

If you have further questions about this claim, please call our toll-free Customer Service Center 1-800-638-6420.

L0714382062[exp1215][All States]

MET/CRAWFORD 00788

APP.074

MET/CRAWFORD 00789

APP.075

Total Control Account Features

The Total Control Account® (TCA) Settlement Option Provides. . .

INTEREST

- Your TCA earns interest from the date it is established. MetLife sets the TCA rates weekly. Changes in the interest rate will be applied prospectively. The interest credited to your TCA will never fall below the effective annual yield guaranteed in your Customer Agreement, and will equal or exceed the rate established by at least one of the following indices: the prior week's Money Fund Report Averages™/Government 7-Day Simple Yield or the Bank Rate Monitor™ National Money Market Rate Index.
- Interest is compounded daily and credited monthly to your TCA. (Generally, the interest you are paid will be subject to income tax. You should consult your own advisors about your particular tax liabilities and investment options.)

IMMEDIATE ACCESS TO FUNDS AND FLEXIBILITY

- The assets backing your TCA funds are maintained in the general account of MetLife or the MetLife insurance company affiliate that issued the underlying policy (the "Issuing Insurance Company").
- **You may withdraw all or part of your TCA balance immediately** or at any time you wish, without penalty or loss of interest, by writing a draft to yourself. You can write drafts from a minimum amount of \$250 up to the full amount, including interest, in your TCA at any time.
- There are no limits on the number of drafts you can write each month. The drafts MetLife provides to Accountholders can be used like checks and are generally accepted by merchants and financial institutions that accept checks. As with any check or draft, allow time for processing through your bank.
- You can name a beneficiary to receive your TCA balance in case something happens to you.
- **If you do not want a TCA, you may request a check for the total benefits by writing "check" beneath your signature on the attached claim form. A check will also be issued to you if required by state law, regulation or direction.**
- The obligation of Metropolitan Life Insurance Company (MetLife) or the Issuing Insurance Company to pay the total benefit or proceeds is satisfied by the delivery of your TCA draftbook.

NO MONTHLY MAINTENANCE FEES

- There are no monthly maintenance fees for your TCA, and no charges for withdrawals or drafts.
- There are no monthly service or transaction charges, and no charge for printing or reordering drafts.

You may be charged a fee for special services or overdrawn TCA. The fee will be withdrawn from your TCA. The current special service fees and overdraft fees are: draft copy \$2; stop payment \$10; overdrawn TCA \$15; wire transfer \$10. In accordance with your TCA Customer Agreement, special service fees or fees for overdrawn TCAs are subject to change by the processing bank. MetLife may charge you a fee if you request overnight delivery service. The current fee for overnight delivery service is \$25.00.

TCA SERVICES

- MetLife sends you a quarterly statement regarding Account balances and activity.
- Statements are also sent monthly if there has been withdrawal activity in the Account.
- Dedicated Service Representatives are within easy reach to answer any questions you may have about your TCA, including interest rates, by calling Customer Service at 1-800-638-7283. Callers with a TDD may call 800-229-3037. You may also write to MetLife, P.O. Box 6100, Scranton, PA 18505-6100, Attn: TCA.

L0714382062[exp1215][All States]

MET/CRAWFORD 00790

APP.076

TIME TO DECIDE

- Your rights to elect other available settlement options are preserved. As long as your TCA balance has not dropped below \$2,500, you may place some or all of your TCA balance in any other settlement option that is available to you, subject to that option's minimum dollar requirement.
- Group policy settlement options include a check, TCA, or a Guaranteed Interest Certificate (GIC). A GIC may be available after your TCA is established. The amount applied will earn interest at a set rate for the period you select, compounded monthly. Interest penalty applies for early withdrawals.
- If you transfer your TCA balance into another settlement option, bear in mind that this will be a new, separate arrangement. For more information about options available to you, call your assigned financial services representative, if any, or call 1-800-638-7283. Callers with a TDD may call 1-800-229-3037.

More Useful Information about the Total Control Account...

- Unless the insured pre-selected an alternative settlement option, payment is usually made by a single check for the total proceeds if the proceeds payable are less than \$5,000; the claimant resides in a foreign country; or the claimant is a corporation or similar entity.
- If payment may not be made through the establishment of a TCA, more information will be provided to the claimant as the claim is processed.
- TCAs which become abandoned property as defined by applicable law will be escheated to the appropriate state. This means that if we are unable to contact you after a certain period of inactivity on your TCA (typically three years, but may vary by state), we must close your TCA and pay the funds over to the appropriate state. The funds are still yours, but you must seek them from the state authority or state agency which holds them.
- MetLife may limit or suspend access to TCA funds in the event of overpayment, suspected fraud or other situations where entitlement to the funds is in question.
- Recordkeeping and Draft clearing services for your TCA are provided by The Bank of New York Mellon, 701 Market Street, Philadelphia, PA 19106, pursuant to an administrative agreement.
- The assets backing your TCA are maintained in the general account of MetLife or the Issuing Insurance Company. They are not maintained by The Bank of New York Mellon, which provides administrative services, or any bank or other institution. These general accounts are subject to the creditors of MetLife or the respective Issuing Insurance Company. MetLife or the Issuing Insurance Company bears the investment experience of such assets and expects to earn income sufficient to pay interest to TCA Accountholders and to provide a profit on the operation of the TCAs. Regardless of the investment experience of such assets, the effective annual yield on your Account will not be less than the rate guaranteed in your Customer Agreement. Currently TCAs established from group policies have a guaranteed minimum effective annual yield of .5%. The guaranteed minimum effective annual yield may be more or less at the time your TCA is established. **You may call 1-800-638-7283 for more information on current interest rates. Callers with a TDD may call 1-800-229-3037.**
- The TCA is not insured by the Federal Deposit Insurance Corporation or any government agency. However, the entire amount of your TCA, including all interest credited to your TCA, is fully guaranteed by the financial strength and claims paying ability of MetLife or the respective Issuing Insurance Company. **FOR FURTHER INFORMATION, PLEASE CONTACT YOUR STATE DEPARTMENT OF INSURANCE.**
- The Issuing Insurance Company's guaranty is further backed by your respective state insurance guaranty association. Maximum limits vary from state to state and may change over time. Contact the National Organization of Life and Health Insurance Guaranty Associations (www.NOLHGA.com or 1-703-481-5206) to learn more.

Total Control Account® is a registered service mark of Metropolitan Life Insurance Company.

L0714382062[exp1215][All States]

MET/CRAWFORD 00791

APP.077

FRAUD WARNINGS

Before signing this claim form, please read the warning for the state where you reside and for the state where the insurance policy under which you are claiming a benefit was issued.

Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.

Arizona: For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of loss is subject to criminal and civil penalties.

Arkansas, District of Columbia, Louisiana, Massachusetts, Minnesota, New Mexico, Ohio, Rhode Island and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California: For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Delaware, Idaho, Indiana and Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Florida: A person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim or an application containing false, incomplete or misleading information is guilty of a felony of the third degree.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee, Virginia and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Hampshire: A person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in RSA 638:20.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Oregon and Vermont: Any person who knowingly presents a false statement of claim for insurance may be guilty of a criminal offense and subject to penalties under state law.

Puerto Rico: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or files, assists or abets in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

Texas: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Pennsylvania and all other states: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

MET/CRAWFORD 00792

APP.078

MET/CRAWFORD 00793

APP.079



Group Life Claims
P.O. Box 6100
Scranton, PA 18505-6100
1-800-638-6420

Life Insurance Claim Form Claimant's Statement

Claim #21412010327
For MetLife Use Only

Insured's Employer Name: _____

Insured Employee - First Name _____

Middle Name _____

Last Name _____

In order to process your claim as quickly as possible we need some information about you and about the deceased. Each beneficiary must submit his or her own Claimant's Statement. Return this completed Claimant's Statement to the Employer or directly to MetLife, in accordance with the instructions you received with this form. Be sure to include a certified copy of the death certificate that indicates the cause and manner of death. A certified copy of the death certificate is one that has been certified by the local Bureau of Vital Statistics or other responsible agency, and bears a raised or colored seal. You can usually obtain one from the funeral director who handled the arrangements. Only one death certificate need be submitted. Please note that original documents cannot be returned.

Additional Information if Beneficiary is a Minor:

If no legal guardian is appointed to handle the minor's estate, a responsible adult should complete and sign the Claimant's Statement on behalf of the minor beneficiary. Be sure to complete Section A with information regarding the minor, not the party completing the form. If a legal guardian of the minor child's estate has been or will be appointed, the guardian must complete and sign the Claimant's Statement. Be sure to include a copy of court-issued guardianship papers in the claim submission to MetLife.

A. Information about the beneficiary

1. Your Name - First (please print in capital letters or type) _____ Middle Initial _____ Last _____

Maiden Name (if applicable) _____

2. Social Security No./TIN _____

3. Date of Birth _____

☐ Male

☐ Female

4. Country of Citizenship _____

5. Day Phone Number _____

Evening Phone Number _____

6. Fax Number (optional) _____

7. Mailing Address - Number, Street, Apt./Box No. (if any) _____

City _____

State _____

Zip _____

8. Relationship to the deceased - You are the

☐ Spouse

☐ Parent

☐ Child

☐ Other - Explain _____

9. If you have signed a document with a funeral home (a funeral home assignment) that authorizes MetLife to make a payment directly to it, please attach the document and check here ☐

B. Information about the deceased

1. His/Her Name - First _____

Middle Initial _____

Last _____

Maiden Name (if applicable) _____

2. Residence Address - Number, Street, Apt./Box No. (if any) _____

City _____

State _____

Zip _____

3. Marital Status ☐ Single ☐ Married ☐ Divorced

4. Date of Birth _____

5. Social Security No. _____

☐ Separated ☐ Widow/Widower

6. Certified copy of death certificate is ☐ attached (or was previously submitted)
☐ not attached. If not attached, please explain _____

7. If the decedent also held an individual life insurance policy with MetLife, please provide the policy number: _____ or call 1-800-638-5000 for information.

MET/CRAWFORD 00795

APP.081

Insured Employee - First Name

Middle Name

Last Name

C. Total Control Account (TCA)

Our standard payment method is in the form of a **Total Control Account**. A personalized draftbook and a kit that includes information about your TCA will be sent to you if an Account is established. Your TCA will be guaranteed by MetLife and your TCA will be accessible to you when you need it. A check will be issued to you if required by state law, regulation or direction.

D. Estate Resolution Service (ERS)

MetLife's group supplemental life insurance programs include MetLife Estate Resolution Services,SM which provides legal assistance (at no cost) to probate the estate of insured participants and their spouses/domestic partners. For more information regarding Estate Resolution Services and how to access the service, please read the enclosed document titled **MetLife Estate Resolution ServicesSM - Assistance In Probating the Estate of the Insured Participant and Spouse/Domestic Partner**.

E. Certifications and Signature

By signing below, I acknowledge:

1. All information I have given is true and complete to the best of my knowledge and belief.
2. That any contributions owed by the insured will be deducted from the insurance proceeds paid to me.
3. MetLife has the right to recover any amounts that it determines to be an overpayment. An overpayment occurs if MetLife determines that: (a) the total amount paid by MetLife on your claim is more than the total amount of benefits due to you under the benefit plan/insurance certificate; or (b) MetLife made payment to you when the payment should have been made to someone else. In case of an overpayment, I agree to repay MetLife the specifically overpaid funds. I further understand that if an overpayment is not repaid, MetLife reserves the right to rely on any means to recover the overpayment, including institution of litigation.
4. I have read the applicable Fraud Warning(s) provided in this form. **New York Residents:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Under penalty of perjury, I certify:

1. That the number shown on this form is my correct taxpayer identification number; and
2. That I am not subject to IRS required backup withholding as a result of failure to report all interest or dividend income; and
3. I am a U.S. citizen, or a U.S. resident for tax purposes.

Please note: If item 2 or 3 above is not true, cross out the applicable item(s).

The IRS does not require your consent to any provision of this document other than the certification to avoid backup withholding.

Please sign below include first and last name. If you are receiving a Total Control Account, this signature will be placed on file with your Account. If Beneficiary is a minor, the legal guardian or adult submitting this form must sign, not the minor.

Claimant Signature

Date Signed

► _____

MetLife**Life Claim Request Entered**

ID: 40942

Add Claim | Assignments | Tasks | Notes | Attachments

General Information

Customer Number 0096675

Customer Name Southwest Airlines

Market Segment Select One..

Admin Code CDF

Region Select One..

Referral To McGuire, Larry

Describe Problem See notes

Claim/Waiver Information

Type Life Claim

Claim Team lrs_Oriskany_GLIF_Team

Experience Number 0149670

Sub Code 0002

Claim Branch 0007

Report Number 0149670

Also CC Emails To McGuire, Michael

EDM Claim ☐ Yes ☒ No

First Request Date 02/20/2015

Second Request Date

Claim Details

Total Pending Amount \$431,000.00

Total Claim Amount \$431,000.00

Claim Count 1

Claim No.	Insured's Name	Claim Amount	Pending Amount	Coverages	Reason for Request
21412010327	Tracy Crawford	\$431,000.00	\$431,000.00	Basic Life Optional Life	Need Assistance Obtaining Information from Employer

Related Workflows

* The table does not reflect real time data

Process ID	Workflow Type	Product(s)	Details	Effective Date
------------	---------------	------------	---------	----------------

Unit Leader Spaves, Annemarie

Life Claims Examiner Brennan, Amy

Account Manager McGuire, Larry

WorkStage: Life Claim Final Closeout / QA 100% Completed (1/1)

Milestone: Life Claim Final Closeout/QA 100% Completed (1/1)

ID	Task Name	Assignee	Status	Status Date	Due Date
30512-1	Review & Close the Life Claim Inquiry	Brennan, Amy	Completed	03/17/2015	03/11/2015

WorkStage: Life Claim Request Worked 100% Completed (1/1)

Milestone: Research Life Claim Inquiry 100% Completed (1/1)

ID	Task Name	Assignee	Status	Status Date	Due Date
26481-1	Research/Document Life Claim Inquiry	McGuire, Larry	Completed	03/11/2015	02/20/2015

Created On

User Name

Notes

MET/CRAWFORD 00798

Created On	User Name	Notes	
03/16/2015 13:36:31	Brown, Rebecca	Hi Larry, I'm following to see if you found out on any communications. Your email below indicated you were checking on any communications that may have been sent. Please advise Thanks Becky	
03/11/2015 08:46:31	McGuire, Larry	[PendTaskClosed] "Pend Task Reason(s) Closed"	
03/11/2015 08:46:14	McGuire, Larry	If no bene is on file with MetLife we revert back to the paper files SYVA had prior to the electronic process. Below is an excerpt from the 2013 SPD. ? Beneficiary Designation: Life Insurance Beneficiary Designation must be completed through the MetLife web site at www.metlife.com/mybenefits . Effective June 15, 2013, paper life insurance designation forms will not be accepted by the Health & Wellness Team except for Committed Partner designations as described immediately below. ? If you have a Committed Partner enrolled in the Plan, You are required to file a paper beneficiary form with the Health & Wellness Team that designates your Committed Partner as the primary beneficiary for at least 50% of your benefits under the Life Insurance Program. If at any time you remove your Committed Partner from coverage under the Plan, you will then be required to go to www.metlife.com/mybenefits to complete an updated beneficiary designation online. You may request a paper form by contacting the Health & Wellness Team.	
03/11/2015 07:56:50	Brown, Rebecca	Hi Larry, Thank you for your response. Our question is, the designation in 2008 that names Cooper, was this designation revoked or considered no longer valid when the customer went to online beneficiary designations. If so, was there a communication sent to the insured advising the prior designations would no longer be valid if so, can we be provided with a copy of the letter. I am showing the LCI is in your "My work" and that you opened the task on 3/10/2015 and you made a note in the note tab (Pend Task Reason) Legal Please advise Thanks Becky	
03/10/2015 16:08:01	McGuire, Larry	[PendTaskReason] Legal	
03/10/2015 14:13:15	Brown, Rebecca	Hi Larry, please provide a status on the LCI	
03/05/2015 09:51:03	Brown, Rebecca	Hi Larry, Please provide a status update on a LCI for Tracy Crawford-Southwest Airlines-claim number 21412019327-LCI ID# 40942 We are currently reviewing an appeal based on a denial to a party not the named beneficiary. We need to know if the beneficiary designation that is attached in MP# dated 04/28/2008 naming Cooper the grant nephew was revoked or considered no longer valid once the customer went to online designations. If so, was there a written communication sent to the employees regarding this. If so, are they able to provide that actual letter sent to the insured or a copy of the generic letter that was sent. Please advise. As we have an appeal, we need an answer so we can continue with the appeal review Thanks Becky	
03/05/2015 08:26:23	Brennan, Amy	Escalating to management as there has been no response.	
02/27/2015 14:46:57	Brennan, Amy	Please advise status so we are able to update the file or continue with our review. Thank you	
02/20/2015 09:08:01	Brennan, Amy	Need you to contact the Employer to see if the beneficiary designation attached here dated 04/28/2008 naming Cooper or Todd Everett grant nephew was ever revoked or considered no longer valid after going to online bene's. If so, we need the written communication that was made to the employees RE this including dates etc.	
Created On	User Name	Description	Attachment
02/20/2015 10:08:25	Brennan, Amy	Paper bene	21412019327 Crawford bene.pdf - /bizflow/bizflowwebmaker/attachopen.jsp?attachId=105&PR_FNAME=21412019327 Crawford be

MET/CRAWFORD 00799

MetLife**Life Claim Request Entered**

ID: 27659

Add Claim | Assignments | Tasks | Notes | Attachments

General Information

Customer Number 0096576

Customer Name SOUTHWEST AIRLINES

Market Segment Select One ☒

Admin Code CDF

Region Select One ☒Referral To McGuire, Larry ☒

Describe Problem please provide the paper beneficiary designation form used to update the system. Please confirm there is no other beneficiary form on file that names the husband Jayson as the primary beneficiary on this claim.

Claims/Waiver InformationType Life Claim ☒Claim Team Ins_Omnivary_GLIF_TeamA ☒

Experience Number 0149670

Sub Code 0002

Claim Branch 0007

Report Number 0149670

Also CC Emails To McGuire, Nicholas ☒EDM Claim ☐ Yes ☒ No

First Request Date 01/08/2015

Second Request Date

Claim Details

Total Pending Amount

\$812,000.00

Total Claim Amount

\$812,000.00

Claim Count

1

Claim No.	Insured's Name	Claim Amount	Pending Amount	Coverages	Reason for Request
21412010327	TRACY CRAWFORD	\$812,000.00	\$812,000.00	Basic Life Optional Life Voluntary AD and D	Need Assistance Obtaining Information from Employer

Related Workflows

* The table does not reflect real time data

Process ID	Workflow Type	Product(s)	Details	Effective Date
	Unit Leader Spaven, Annabelle <input checked="" type="checkbox"/>			
	Life Claims Examiner Bronson, Eileen			
	Account Manager McGuire, Larry <input checked="" type="checkbox"/>			

WorkStage: Life Claim Final Closeout / QA 100% Completed (1/1)

Milestone: Life Claim Final Closeout/QA 100% Completed (1/1)

ID	Task Name	Assignee	Status	Status Date	Due Date
21704-1	Review & Close the Life Claim Inquiry	Bronson, Eileen	Completed	01/28/2015	01/28/2015

WorkStage: Life Claim Request Worked 100% Completed (1/1)

Milestone: Research Life Claim Inquiry 100% Completed (1/1)

ID	Task Name	Assignee	Status	Status Date	Due Date
21681-1	Research/Document Life Claim Inquiry	McGuire, Larry	Completed	01/28/2015	01/28/2015

Created On	User Name	Notes
01/26/2015 10:33:38	McGuire, Larry	Per SWA they have provided the only form they have on file, it does not show the husband as bene.
01/15/2015 09:35:42	Bronson, Eileen	sent to el a spaven for assistance
01/13/2015 12:45:30	Bronson, Eileen	Larry, do you have a status on this request yet?

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Created On	User Name	Notes
01/08/2015 07:55:15	Bronson, Eileen	please provide the paper beneficiary designation form used to update the system. Please confirm there is no other beneficiary form on file that names the husband Jayson as the primary beneficiary on this claim.

Created On	User Name	Description	Attachment
No Data Found			

MET/CRAWFORD 00801

Claim Payment Overview List

END OF PAYMENTS LIST									
Insured Name: TRACY CRAWFORD Insured SSN: 455139959 Employee ID: 00455139959 M&A Number:					Claim Number: 21412010327 Customer Name: SOUTHWEST AIRLINES Dependent Name: Team Code: A				
Special Handling Required?: YES									
Claim Status: CLOSED									
Feed From: Metlink									
Coverage	Benefit Amount	Status	Amount Paid	Interest Amount	Paid Date	Balance	Coverage#		
Basic Life - 9011	\$50,000.00	A	\$50,000.00	\$12.33	04/10/2015	\$0.00	01		
Optional Employee Life-9111	\$381,000.00	A	\$381,000.00	\$93.95	04/10/2015	\$0.00	02		
Basic Life - 9011	\$50,000.00	C	\$50,000.00	\$24.66	04/28/2015	\$0.00	03		
Optional Employee Life-9111	\$381,000.00	C	\$381,000.00	\$167.89	04/28/2015	\$0.00	04		

Payee Name	Payment Amount	Status	Benefit Amount	Interest Amount	Payment Method	Paid Date	Approver Name	Payment Mailed To
<input type="checkbox"/> COOPER T BURNETT	\$431,106.28	P	\$431,000.00	\$106.28	Total Control Account	04/10/2015	DANIEL CONNORS	BEN
<input type="checkbox"/> COOPER T BURNETT	\$50,012.33	C	\$50,000.00	\$12.33	Total Control Account	04/28/2015	David Indolfi	
<input type="checkbox"/> COOPER T BURNETT	\$381,093.95	C	\$381,000.00	\$93.95	Total Control Account	04/28/2015	David Indolfi	
<input type="checkbox"/> COOPER T BURNETT	\$431,212.55	P	\$431,000.00	\$212.55	Check	04/28/2015	DANIEL CONNORS	OTH

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Claim Comments List

**** TO VIEW MORE DATA - SELECT MODE ****

Insured Name: TRACY CRAWFORD Insured SSN: 455139959 Employee ID: 00455139959 MSA Number:		Claim Number: 214 Customer Name: SOI Dependent Name: Team Code: A	
Special Handling Required?: YES		Activity Date: 07/05/2015	
Claim Alert: LAYSON CRAWFORD IS BEING REPRESENTED BY ALTY PLEASE SEE PAGE 92, HOTVIEW			
Complex Claim: <input checked="" type="radio"/> Yes <input type="radio"/> No Divorce (Yes/No): (C)			
Activity Date	Activity	Created By	Call-Up Date
02/19/2015	1098 Form Sent	Bulter, Haley	No Action
02/19/2015	Internet Search Completed	Bulter, Haley	No Action
02/19/2015	Mail	Charry-Turner, Amy	No Action
11/23/2015	Letter Sent	PRIEVO, JESSICA L.	No Action
11/23/2015	Returned to Examiner	COPPERWHEAT, TIM D.	Send Letter
11/23/2015	Referral to Senior	PRIEVO, JESSICA L.	Follow Up email
11/23/2015	Returned to Examiner	Indolfi, David	Further Review Needed
11/09/2015	Informational	Los, Emma	Further Review Needed
11/03/2015	Informational	Indolfi, David	Further Review Needed
10/23/2015	Referral to Senior	PRIEVO, JESSICA L.	Follow Up email
10/23/2015	Informational	PRIEVO, JESSICA L.	No Action
10/23/2015	Mail Received	Indolfi, David	Further Review Needed

2/19 SECOND ATTEMPT TO COOPER BURNETT CO MANDY MACE

Internet search for mandy mace Names - MANDY N BURNETT MANDY MACE Gender - Female 4016 GLENPARK DR LA PORTE, TX 77571-7811 SSN(s) - 461-91-8609 Laxid - 15/3417918 DOB/Ags - 8/2/1978 (35) Dates - Nov 2014 - Jan 2016

1098 FOR COOPER BURNETT RCVD

response letter sent to Alty, Taylor

returned to send drafted response to alty

sent drafted letter for Alty to Sr for review prior to sending out

draft response letter and refer to seniors prior to mailing.

holding for further review

holding for further review.

referred to Sr to review letter received from New Alty and his request

http://callicgoosvartec/CallicgoDMS/valink.exe?okid2001268146/1692646/1692412195489316/15105008/151050012/151050026/166723937/SPD_2014_FINAL_5.5.2014.pdf?nodeid=151190158&avenum=2

attorney stating we did not provide entire claim file, in addition claiming as entire claim file not provided monetary penalties apply, rush refer with details of claim.

APP.088

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Claim Comments List

**** TO VIEW MORE DATA - SELECT MORE ****

Insured Name: **TRACY CRAWFORD**
 Insured SSN: **485139959**
 Employee ID: **00455139959**
 M&A Number: **21412010327**

Claim Number: **21412010327**
 Customer Name: **SOUTHWEST AIRLINES**
 Dependent Name: **Team Code: A**

Special Handling Required?: **YES**

Activity Date: **06/28/2016** Sequence Number: **2**

Claim Alert: **JAYSON CRAWFORD IS BEING REPRESENTED BY ATTORNEY SEE PAGE 92 HOTVIEW**

Complex Claim: ☒ Yes ☐ No **Divorce (rival) (CR)**

Activity Date	Activity	Created By	Call- Up Date	Call- Action	Claim_History_Comments_Review	Prty Name	Contact Name	Relationship	Contact Phone	Contact Type	Assoc To Claim	Seq Nbr	Date Closed	Closed By
<input type="checkbox"/> 07/13/2015	Letter Sent	BRONSON, EILEEN M.	No	Action	to attny exhausted appeal process							01		
<input type="checkbox"/> 07/30/2015	Returned to Claim Examiner	O'Dell, MARIE A.	Send	Letter	LETTER TO EILEEN FOR MAILING.	Low						02	07/31/2015	BRONSON, EILEEN M.
<input type="checkbox"/> 07/30/2015	Informational	O'Dell, MARIE A.	No	Action	APPEALS DISCUSSION: Send response letter to atty that the policy would be same doc as SPD for group life insurance. Also advise that the SPD is a summary that the employees rely upon regarding changes to their benefits so based on the language in the SPD it only states that paper forms will not be accepted effective 6/18/13 but does not direct the employees to complete a new form if they have a paper designation on file. Also advise appeal rights exhausted.							01		
<input type="checkbox"/> 07/27/2015	Mail Received	FLEMING, KAY D.	No	Action	archived dupe							02		
<input type="checkbox"/> 07/27/2015	Mail Received	FLEMING, KAY D.	No	Action	Further request rec'd from Clayton Rawlings -- Sent to team for handling.							01		
<input type="checkbox"/> 07/24/2015	Informational	O'Dell, MARIE A.	Further Review Needed		UNDER REVIEW	Low						01	07/30/2015	O'Dell, MARIE A.
<input type="checkbox"/> 07/23/2015	Referral to Senior	BRONSON, EILEEN M.	Senior Review		to sr as a rush to review letter from attny	Low						01	07/24/2015	O'Dell, MARIE A.
<input type="checkbox"/> 07/21/2015	Mail Received	Longo, Jason	No	Action	7/20/2015 attorney letter to team for handling							01		
<input type="checkbox"/> 06/30/2015	In coming call on a	HART,	No		ADVISED WE REC'D THEIR REQUEST AND CLAIM FILE HAS BEEN SENT. CAN REVIEW		ANDREW Attorney		713-520-	Status Claim	03			

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claim	KRISTINA	Action	AND REACH OUT IF ANY FURTHER QUESTIONS.	7701	Other
<input type="checkbox"/> 06/30/2015 Letter Sent	Borelli, Andrew	No Action	LETTER & CLAIM FILE SENT TO ATTY RAWLINGS. RIVAL CLAIMANT HAS EXHAUSTED APPEAL RIGHTS.		02
<input type="checkbox"/> 06/30/2015	Borelli, Andrew	No Action			01
<input type="checkbox"/> 06/26/2015	BRONSON, EILEEN M.	No Action			02
<input type="checkbox"/> 06/26/2015 Referral to Senior	BRONSON, EILEEN M.	Senior Review	letter to sr for review with copy of redacted claim file	Low	01
					06/30/2015 Borelli, Andrew

APP.090

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Claim Comments List

*** TO VIEW MORE DATA - SELECT MORE ***

Insured Name: TRACY CRAWFORD Insured SSN: 456139959 Employee ID: 00456139959 M&A Number:		Claim Number: 21412010327 Customer Name: SOUTHWEST AIRLINES Dependent Name: Team Code: A	
Special Handling Required?: YES			
Claim Number: 21412010327 Activity Date: 06/27/2015 Sequence Number: 11		Claim Alert: JAYSON CRAWFORD IS BEING REPRESENTED BY ATTORNEY SEE PAGE 92 HOTVIEW Complex Claim: <input checked="" type="radio"/> Yes <input type="radio"/> No	
Activity Date	Activity	Created By	Call-Up Date
06/25/2015	Returned to Claim Examiner	Borelli, Andrew	Further Review Needed
Prepare the entire claim file in preparation for providing it to Mr. Rawlings. Redact the information about the designated beneficiary in the appropriate places and remove the redactions from Diversified Imaging once the prep is completed. Prep should include claim file from EDM, BIOS comments, MailLink or File Feed as applies, Payment History and Payment Overview (with information about bene redacted, except for the name) and Callgo letters if any. Then, draft a response letter to Mr. Rawlings to accompany the claim file. Use our upheld template, but, we're not sending a new uphold. Basically: (1) Advise Mr. Rawlings where and how to obtain current SPD below; (2) Explain we are providing him with the entire claim file in our possession; (3) Briefly, recap each of the points from our uphold letter, explaining that (a) Plan is ERISA regulated, and MetLife's responsibility is to the designated beneficiary, (b) why decision remains unchanged, as explained in our previous letter, and must be upheld. Plan administrator for SPD can be reached at: Southwest Airlines Co. Board of Trustees c/o Southwest Airlines Co. 2702 Love Field Dr. P. O. Box 38611, HDQ-6EB Dallas, TX 75235 (214) 792-4000			
Returned to Claim Examiner 06/25/2015		Borelli, Andrew Further Review Needed	
Appeal Received 06/25/2015		Borelli, Andrew No Action	
Assoc To Claim 02		Seg Date 06/26/2016	
Contact Relationship 01		Contact Name BRONSON, EILEEN M.	

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<input type="checkbox"/>	06/24/2015	Mail Received	FLEMING, KAY D.	No Action	archived another dupe copy of appeal letter				02
<input type="checkbox"/>	06/24/2015	Mail Received	Longo, Jason	No Action	6/23/2015 duplicate appeal received from attorney, sending to archive				01
<input type="checkbox"/>	06/23/2015	Appeal Received	Borelli, Andrew	Further Review Needed	HOLDING FOR APPEALS.	Low			01
<input type="checkbox"/>	06/23/2015	Appeal Received	BRONSON, EILEEN M.	Senior Review	to review appeal from new attny	Low			02
<input type="checkbox"/>	06/22/2015	In coming call on a claim	FLEMING, KAY D.	No Action	Claim has been paid and a new attny is now appealing the denial, advised to rush refer as appeal.		EILEEN Examiner	Internal MetLife Call	01
<input type="checkbox"/>	06/19/2015	Mail Received	FLEMING, KAY D.	No Action	6/18 Recd another appeal from attny Clayton Rawlings on behalf of the spouse. Sent to team for review and handling.				01
<input type="checkbox"/>	04/30/2015	In coming call on a claim	Wilson, Kendall	No Action	ADVISED TCA REVERAL COMPLETE AND REISSUED AS CHECK SENT OUT ON 4/28		MANDY Guardian	Status - Claim Payment	01
<input type="checkbox"/>	04/29/2015	Mail Returned Undeliverable	Plopper, Ryan	Verify Address	04/28/2015- RECD RTS STATEMENT OF CLAIM. FWD TO EXAMINERS	Low			01
<input type="checkbox"/>	04/27/2015	Informational	KELSEY, WILLIAM R.	No Action	passed by qat				14
<input type="checkbox"/>	04/27/2015		KELSEY, WILLIAM R.	No Action					13
<input type="checkbox"/>	04/27/2015	Payment Approved	CONNORS, DANIEL	No Action					12

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Claim Comments List

** TO VIEW MORE DATA - SELECT MORE **

Insured Name: TRACY CRAWFORD

Insured SSN: 456139959

Employee ID: 00465139959

M&A Number:

Claim Number: 21412010327

Customer Name: SOUTHWEST AIRLINES

Dependent Name:

Team Code: A

Special Handling Required?: YES

Claim Number: 21412010327

Activity Date: 04/23/2016

Sequence Number: 1

Claim Alert: JAYSON CRAWFORD IS BEING REPRESENTED BY ATT. PLEASE SEE PAGE 92 FOR VIEW

Complex Claim: ☒ Yes ☐ No ☐ Divorce (trial) (CR) ☒ Not used

Activity Date	Activity	Created By	Call-Up Date	Call-Up Action	Claim Contact History	Comments_Review	Prt	Contact Name	Relationship	Contact Phone	Call Type	Assoc To Claim	Seq Date	Nbr Closed	Closed By
<input type="checkbox"/> 04/27/2015	OFAC Checked	SYSTEM	No	Action	COOPER T. BURNETT							Beneficiary 11			
<input type="checkbox"/> 04/27/2015	OFAC Checked	SYSTEM	No	Action	COOPER T. BURNETT							Beneficiary 10			
<input type="checkbox"/> 04/27/2015	Selected For Quality Assurance	CONNORS, DANIEL	No	Action	Claim 21412010327 frozen for Customer QA review							CLAIM 09			
<input type="checkbox"/> 04/27/2015	OFAC Checking	CONNORS, DANIEL	No	Action	COOPER T. BURNETT							Beneficiary 08			
<input type="checkbox"/> 04/27/2015	OFAC Checking	CONNORS, DANIEL	No	Action	COOPER T. BURNETT							Beneficiary 07			
<input type="checkbox"/> 04/27/2015	Payment sent for Indolfi, Countersignature David	Indolfi, David	Potential Payment		to ul assign3		Low						06	04/27/2015	CONNORS, DANIEL
<input type="checkbox"/> 04/27/2015	Payment sent for BRONSON, Countersignature EILEEN M.	BRONSON, EILEEN M.	Senior Review		to sr as rush to assign over my limit		Low						06	04/27/2015	Indolfi, David
<input type="checkbox"/> 04/27/2015	Informational	Indolfi, David	No	Action	per cash no match								04		
<input type="checkbox"/> 04/27/2015	Returned to Claim Examiner	Indolfi, David	No	Action	for reversal complete, please reissue payment via check to consignor in accordance with divorce decree.								03		
<input type="checkbox"/> 04/27/2015	Credit Reissued	Indolfi, David	No	Action	credit reissued for bil and oll in full amt								02		
<input type="checkbox"/> 04/27/2015	Email Received	Indolfi, David	No	Action	for has been reversed								01		
<input type="checkbox"/> 04/24/2015	In coming call on a claim	Spelman, Dennis	No	Action	ASKED IF WE RCVD GUARDIANSHIP DOCS AND STATUS. PER EXAMINER, ADV YES WE HAVE DOCS AND WE ARE IN THE TCA REVERSAL PROCESS SO WE CAN ISSUE A CHECK FOR HER TO CASH. CALLER UNDERSTOOD AND WILL CALL BACK NEXT WEEK FOR FURTHER UPDATES.										
<input type="checkbox"/> 04/24/2015	Informational	Butler, Richard	No	Action	adv we are in process to complete the accounting to repay the minor bene via check w the conserv docs we rec but it has not been completed yet										
								MANDY	Guardian	713.247.9348	Status - Verify if Documents Received	Claim	02		
									Reviewer				01		

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Claim Comments List

** TO VIEW MORE DATA - SELECT MORE**

Insured Name: TRACY CRAWFORD

Insured SSN: 455139969

Employee ID: 00458138859

M&A Number:

Claim Number: 21412010327

Customer Name: SOUTHWEST AIRLINES

Dependent Name:

Team Code: A

Special Handling Required?: YES

Claim Number: 21412010327

Activity Date: 04/15/2016

Sequence Number: 1

Claim Alert: JAYSON CRAWFORD IS BEING REPRESENTED BY AITY PLEASE SEE PAGE 92 HOTVIEW

Complex Claim ☒ Yes ☐ No

Divorce (rival) (CR)

Retreat

Activity Date	Activity	Created By	Call-Up Date	Call-Up Action	Claim_History_Comments_Review	Prty	Contact Name	Relationship	Contact Phone	Call Type	Assoc To Claim	Seq Nbr	Data Closed	Closed By
<input type="checkbox"/> 04/23/2015	E mail sent on a claim	Indolfi, David		Follow Up email	2nd request to lca, for lca reversal	Low						01	04/27/2016	Indolfi, David
<input type="checkbox"/> 04/22/2015	In coming call on a claim	Zabelicky, Kristy		No Action	ADVISED THAT WE ARE JUST WAITING FOR THE REVERSAL TO BE DONE		MANDY	Family member		Status - Under Review	Claim	01		
<input type="checkbox"/> 04/20/2015	E mail sent on a claim	Indolfi, David		Follow Up email	lca reversal and journal to lca- awaiting confirmation of reversal to complete credit reissue.	Low						01	04/23/2016	Indolfi, David
<input type="checkbox"/> 04/17/2015	Journal Forms	BRONSON, EILEEN M.		Senior Review	to sr as rush to review lca reversal docs	Low						03	04/20/2015	Indolfi, David
<input type="checkbox"/> 04/17/2015	Letter Sent	BRONSON, EILEEN M.		No Action	to atthny with copy of bens form							02		
<input type="checkbox"/> 04/17/2015	Out Going Call	BRONSON, EILEEN M.		No Action	called to get account number and amt confirmed amt is 431108.28 and the account number is 4064816586		JOANNE	TCA Unit	ON FILE	Inquiry on Documentation	Claim	01		
<input type="checkbox"/> 04/19/2015	In coming call on a claim	Muribka, Kathleen		No Action	ADVISED STILL UNDER REVIEW		MANDY	Guardian		Status - Payment	Claim	03		
<input type="checkbox"/> 04/18/2015	Returned Longo to Claim Examiner	Longo, Jason		Further Review Needed	TO EILEEN: Agree to send letter to the attorney for the denied party along with a copy of the beneficiary designation requested. As for the conservatorship written into the divorce decree, this is acceptable to issue payment to the conservator. Furthermore the notarized statement from Chad the father stating that Mandy the mother is to act as the legal agent for this claim is also acceptable to issue payment directly to her as sole conservator. Since these documents were on file prior to payment and are not specific conservatorship papers we need to	Low					02	04/17/2015	BRONSON, EILEEN M.	

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complete a TCA reversal for the minor on deposit account and re pay via check. Payment wording is cooper Todd Burnett a minor, Mandy Burnett conservator. Refer the TCA journal form and reversal form to the seniors. Once TCA is reversed we can re issue payment.		Discussed Divorce decree that has conservatorship for the minor child Cooper written into it. Advice given was that the conservatorship in the divorce decree is specific in stating both Chad and Mandy are appointed joint managing conservators. This would be acceptable to release payment directly to the conservator, also the notarized statement from the father Chad allowing Mandy to act as the legal agent for purposes of this benefit is also acceptable and payment can be made to with her as the sole conservator.		LOWELL KASS Law department 8886617091 Inquiry on Documentation Claim 01	
<input type="checkbox"/> 04/15/2015	Out Going Call- Legal	Longo, Jason	No Action	to sr as rush to relview	Low
<input type="checkbox"/> 04/15/2015	Referral to Senior	BRONSON, EILEEN M.	Senior Review	ADvised TO REfER TO SEEK ADVICE REGARDING THE DIVORCE DECREE WHICH HAS CONSERVATORSHIP RIGHTS FOR THE MINOR AS WE SHOULD SEEK ADVICE TO DETERMINE WHETHER IT MAY BE ACCEPTABLE IN ORDER FOR PROCEEDS TO BE RELEASED FROM MINOR ON DEPOSIT ACCOUNT, ALSO NEED TO REFER AS ATTY REQUESTING COPY OF DESIGNATION.	05 04/16/2015 Longo, Jason
<input type="checkbox"/> 04/15/2015	In coming call on a claim	O'Dell, MARIE A.	No Action	She was calling for a status on claim, advised paid into blocked TCA (she is mother & guardian of cooper) She said she sent in guardianship docs to be reviewed, wanted us to call her back once reviewed, advised I would note the file.	EILEEN BRONSON Examiner Internal MetLife Call Claim 04
<input type="checkbox"/> 04/15/2015	In coming call on a claim	Cleveland, Kathleen	No Action	advised that payment was put into blocked tca	MANDY Family member 7132479343 Other Claim 03
<input type="checkbox"/> 04/15/2015	In coming call on a claim	Menden, Beverly	No Action		MANDY Guardian Information provided Claim 02

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Claim Comments List

**** TO VIEW MORE DATA - SELECT MORE ****

Insured Name: TRACY CRAWFORD
 Insured SSN: 455139959
 Employee ID: 00455139959
 M&A Number:

Claim Number: 21412010327
 Customer Name: SOUTHWEST AIRLINES
 Dependent Name:
 Team Code: A

Special Handling Required?: YES

Activity Date: 04/09/2016
 Sequence Number: 5

Claim Alert: JAYSON CRAWFORD IS BEING REPRESENTED BY ATTY PLEASE SEE PAGE 92 HOTVIEW

Complex Claim: ☒ Yes ☐ No ☐ Divorce (rival) (CR)

Activity Date	Activity	Created By	Call-Up Up Date	Call-Up Action	Claim_History_Comments_Review	Contact Name	Relationship	Contact Phone	Call Type	Assoc To Claim	Seq Nbr	Date Closed	Closed By
<input type="checkbox"/> 04/15/2015	Mail Received	O'Dell, Marie A.		No Action	4/14 - ATTY REQUESTING BEING DESIGNATION. SENT TO TEAM FOR HANDLING AS ATTY HAS RECEIVED DENIAL.						01		
<input type="checkbox"/> 04/14/2015	Informational	BRONSON, EILEEN M.		No Action	rec duplicate of the letter from atty did 04/07/2015 no action needed						02		
<input type="checkbox"/> 04/14/2015	Mail Received	COOPERWHEAT, TIM D.		No Action	4/13- atty, stating no estate, want as spouse Jaysen should receive.						01		
<input type="checkbox"/> 04/10/2015	In coming call on a claim	Cave, Sarah		No Action	MOTHER OF COOPER, ADV PAYMENT WAS APPROVED	MANDY	Guardian		Status - Payment	Claim	03		
<input type="checkbox"/> 04/10/2015	Letter Sent	Borell, Andrew		No Action	LETTER SENT TO ATTY WITH COPIES OF DENIAL, UPHOLD, AND UNSIGNED LETTER OF 2/5 REC'D IN OUR OFFICE.						02		
<input type="checkbox"/> 04/10/2015	Informational	BRONSON, EILEEN M.		No Action	called sr fine to request sr referral go to attn of firm as the atty is insisting to speak with tim						01		
<input type="checkbox"/> 04/09/2015	Claim alert	Sweton, Colleen		No Action	JAYSON CRAWFORD IS BEING REPRESENTED BY ATTY PLEASE SEE PAGE 92 HOTVIEW						12		
<input type="checkbox"/> 04/09/2015	In coming call on a claim	Sweton, Colleen		No Action	calling for states - advised per file he is being represented by atty legally cannot discuss this claim with him would have to refer to atty office	JAYSON	Spouse		Request for Documentation	Claim	11		
<input type="checkbox"/> 04/09/2015	In coming call on a claim	Miner, Feidy		Information Received Via Phone Call	CALLING TO SPEAK TO TIM COOPERWHEAT IN REGARDS TO UPHOLD DENIAL LETTER DATED 3/23/2015. HE CLAIMS HE NEVER RECEIVED THE LETTER AND WE FAXED TO HIM TODAY. I ADVISED THAT IF HE IS IN DISAGREEMENT TO LETTER HE COULD SEND HIS CONCERNS TO US IN WRITING. HE INDICATED THAT HE WILL NOT SEND IN WRITING AND THAT PER LETTER HE CAN CONTACT OUR OFFICE AND WE WILL ANSWER US DIRECTLY. HE WANTS TO SPEAK TO TIM COOPERWHEAT DIRECTLY IN REGARDS TO THE LETTERSIGNED BY EXAMINER SENT TO	MICHAEL HIGH YOUNG	Attorney	8038929133	Other	Claim	10	04/10/2015	BRONSON, EILEEN M.

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<input type="checkbox"/>	04/09/2015	In coming call on a claim	Nelson, Alana	No Action	HIM. HE DOESNT WANT TO SPEAK TO ANYONE ELSE ON THIS MATTER. ADVISED WILL SENT FOR A CALL BACK he wants a copy of the uphold denial letter. he said he didnt receive, faxing copy to 9038024302	MICHAEL Attorney	Status - Other Claim	09
<input type="checkbox"/>	04/09/2015	In coming call on a claim	Nelson, Alana	No Action	advised we requested estate papers in error. apologized. advised denial was upheld. he asked if his atty can request the information on the beneficiary advised he can send his concerns in writing but usually we cannot give out that information.	JASON Spouse	Inquiry on Documentation Claim	08
<input type="checkbox"/>	04/09/2015	Informational	Kuhn, Marie	No Action	passed by QA			07
<input type="checkbox"/>	04/09/2015		Kuhn, Marie	No Action				08

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Claim Comments List

*** TO VIEW MORE DATA - SELECT MORE ***

Insured Name: TRACY CRAWFORD
 Insured SSN: 488139968
 Employee ID: 00466139859
 M&A Number: 21412010327

Claim Number: 21412010327
 Customer Name: SOUTHWEST AIRLINES
 Dependent Name:
 Team Code: A

Special Handling Required?: YES

Claim Number: 21412010327 Activity Date: 04/07/2015 Sequence Number: 4

Claim Alert: JAYSON CRAWFORD IS BEING REPRESENTED BY ATT. PLEASE SEE PAGE 02 HOTVIEW

Complex Claim: ☒ Yes ☐ No ☐ Divorce (trial) (CR) ☒ Refused

Activity Date	Activity	Created By	Call-Up Date	Call-Up Action	Claim Contact History	Comments	Review	Pty	Contact Name	Relationship	Contact Phone	Call Type	Assoc To Claim	Seq Date	Seq Date	Seq Date	Closed By
<input type="checkbox"/> 04/09/2015	Payment Approved	CONNORS, DANIEL	No	Action										05			
<input type="checkbox"/> 04/09/2015	OFAC Checked	SYSTEM	No	Action	COOPER T. BURNETT								Beneficiary 04				
<input type="checkbox"/> 04/09/2015	Selected For Quality Assurance	CONNORS, DANIEL	No	Action	Claim 21412010327 frozen for Customer QA review								CLAIM	03			
<input type="checkbox"/> 04/09/2015	OFAC Checking	CONNORS, DANIEL	No	Action	COOPER T. BURNETT								Beneficiary 02				
<input type="checkbox"/> 04/09/2015	Referral to Senior	BRONSON, EILEEN M.	Senior	Review	to review the letter to atty no coverage for his client									01	04/10/2015		Borelli, Andrew
<input type="checkbox"/> 04/08/2015	Mail Received	Borelli, Andrew	No	Action	47 - RECD LETTER FROM ATTY YOUNG ADVISING THAT THERE'S NO ESTATE PROCEEDING. ATTY AGAIN REQUESTING PROCEEDS PAID TO HIS CLIENT. SENT TO TEAM. DRAFT AND REFER RESPONSE LETTER. REITERATE TO ATTY THAT HIS CLIENT'S CLAIM WAS ALREADY DENIED AND UPHELD. GIVE DATES OF THE LETTERS, AND AS A COURTESY INCLUDE A NEW COPY OF THE UPHELD LETTER WITH THE REFERRAL RESPONSE. APOLOGIZE FOR ANY CONFUSION ABOUT THE QUESTION OF THE ESTATE (AS WE CALLED MR. YOUNG'S OFFICE TO ASK ABOUT IT AT DIRECTION OF SENIOR EXAMINER).								02				
<input type="checkbox"/> 04/09/2015	Payment sent for Countersignature	Munda, Melissa	Process	Payment	TO UL 3 FOR COSIGN									01	04/09/2015		CONNORS, DANIEL
<input type="checkbox"/> 04/07/2015	Payment sent for Countersignature	BRENNAN, AMY L.	Further	Review	TO COSIGN QUEUE									10	04/08/2015		Munda, Melissa
<input type="checkbox"/> 04/07/2015	Grandfather / PLOS/Fiche checked	BRENNAN, AMY L.	No	Action	plus- no match									09			

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<input type="checkbox"/>	04/07/2015	Internet Search Completed	BRENNAN, AMY L.	No Action	texas. no match-201598-610903	08
<input type="checkbox"/>	04/07/2015	Email Received	BRENNAN, AMY L.	No Action	FROM ADMIN LARRY ADVISES THAT ER DOES NOT HAVE DLW - HE CONFIRMS THAT SHE MET THE AAW REQUIREMENTS AT THE TIME OF HER DEATH	07
<input type="checkbox"/>	04/07/2015	E mail sent on a claim	BRENNAN, AMY L.	Further Review Needed	TO ADMIN LARRY MCGUIRE TO VERIFY THE DLW AS EE WAS INPATIENT ON DC AND DLW SHOWS DAY BEFORE DEATH	06
<input type="checkbox"/>	04/07/2015	Returned to Claim Examiner	Borelli, Andrew	Further Review Needed	I discussed this claim with LIL Pat Casey today. We do not need to send a separate denial for the Estate. Apparently no Estate exists at this time, and as we didn't know who the letter of 2/6/2015 came from, we encompassed our denial of Jayson Crawford's claim as well as the Estate's claim in our uphold denial letter. We can proceed with review of the claim for payment if we have everything else we need, and if Jayson Crawford files an Estate claim we can address with him via his attorney at that time. Thank you.	05

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Claim Comments List

** TO VIEW MORE DATA - SELECT MORE **

Insured Name: TRACY CRAWFORD

Insured SSN: 465139959

Employee ID: 00468139959

M&A Number:

Claim Number: 21412010327

Customer Name: SOUTHWEST AIRLINES

Dependent Name:

Team Code: A

Special Handling Required?: YES

Activity Date	Activity	Created By	Call-Up Date	Call-Up Action	Claim Contact History	Comments	Review	Prt Name	Relationship	Contact Phone	Call Type	Assoc To Claim	Seq Date	Nbr Closed	Closed By
Claim Alert: <u>JAYSON CRAWFORD IS BEING REPRESENTED BY ATTY PLEASE SEE PAGE 82 HOTVIEW</u> Complex Claim: <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Divorce (final) (CR)															
ADVISED THAT WE NEED ESTATE PAPERS HE WILL BE OBTAINING THEM FROM COURT AND WILL FAX IN AS SOON AS HE RECEIVES IT REITERATED SAME THING IN HER LAST CALL. STTD SHE JUST WANTED TO CLARIFY INFO RECVD DURING APPEAL PERIOD. CLAIM CURR UNDER REVIEW. SHE UNDERSTOOD. per discussion with andrew he will be handling this today image on call up to amy's queue FURTHER REVIEW NEEDED FOR LETTER. Low															
<input type="checkbox"/> 04/07/2015	In coming call on a claim	Murinka, Kathleen	No	Action				JAYSON	Spouse		Information provided	Claim	04		
<input type="checkbox"/> 04/07/2015	In coming call on a claim	Byrne, Zachary	No	Action				MANDY	Guardian	7132479348	Status - Appeal Period	Claim	03		
<input type="checkbox"/> 04/07/2015	Informational	BRONSON, EILEEN M.	No	Action									02		Borelli, Andrew
<input type="checkbox"/> 04/07/2015	Informational	Borelli, Andrew	Further Review Needed										01	04/07/2015	
<input type="checkbox"/> 04/08/2015	In coming call on a claim	Clarey-Turner, Amy	No	Action				MANDY	Guardian	7132479348	Status - Appeal Period	Claim	02		
<input type="checkbox"/> 04/08/2015	Informational	Mays, Rebecca	No	Action				AMY	Reviewer				01		
<input type="checkbox"/> 04/02/2015	Referral to Senior	BRENNAN, AMY L.	Further Review Needed					Low					02	04/07/2015	Borelli, Andrew

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<input type="checkbox"/>	04/02/2015	Out Going Call	BRENNAN, AMY L.	No Action	AWARE OF WHO ESTATE REP WOULD BE AND COULD LET US KNOW IF HE FINDS OUT. I ADVISED HIM THAT WE RECEIVED AN UNSIGNED LETTER FAXED 02/04/2015 THAT IS MAKING A CLAIM BY THE ESTATE AND HE STATES THAT IT MAY HAVE BEEN HIS CLIENT PRIOR TO HIM BEING RETAINED. ASKED IF IT IS OK FOR US TO ADDRESS THIS CLAIM TO HIM HE SAID YES THAT IS OK.	J MICHAEL YOUNG Attorney	8038929133	Information provided	Claim	01	
<input type="checkbox"/>	03/31/2015	Letter Sent	BRENNAN, AMY L.	Follow Up Letter	Request for missing documents from JAYSON CRAWFORD Estate Papers Insured	Low					01
<input type="checkbox"/>	03/30/2015	Letter Sent	SYSTEM	No Action	BGP01 letter sent to JAYSON CRAWFORD LETTER SENT TO:1114 14TH STREET GALVESTON TX US 77560					Beneficiary 05	05
<input type="checkbox"/>	03/30/2015	Informational	BRENNAN, AMY L.	Further Review Needed	CALL UP FOR PHONE CALL	Low					04
<input type="checkbox"/>	03/30/2015		BRENNAN, AMY L.	No Action							03
<input type="checkbox"/>	03/30/2015	Out Going Call	BRENNAN, AMY L.	No Action	LEFT MESSAGE- IN REGARD TO CLAIM MADE BY ESTATE ON PAGE 30- NEED TO FIND OUT WHO WROTE THIS LETTER AND OBTAIN THE ESTATE PAPERS TO ADDRESS THE CLAIM MADE BY ESTATE PROPERLY		JAYSON? Spouse	2819018336	Information provided	Claim	02

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<input type="checkbox"/>	03/25/2015	In coming call on Marbie, James	No Action	who represents the minor bene's guardian, as payment otherwise could have been made when the uphold was sent. PARENT OF MINOR BENE COOPER. CHECKING STATUS OF PAYMENT. ADVISED WHEN PAID WOULD BE IN MINOR ON DEPOSIT ACCT. AT WICH TIME SHE INDICATED SHE WAS TOLD PAYMENT COULD BE MADE NOW VS WHEN COOPER TURNS 18. REVIEWED FILE AND ON PAGE 46 ADN 47 IN HOTVIEW. CONSERVATORSHIP PROVISION OF DIVORCE DECREE PER SR QUALIFIES FOR NON BLOCKED ACCT. EXPLAINED CLAIM STILL IN REVIEW AT THIS TIME	MANDY Niece	7132478348	Status - Under Review	Claim 01
<input type="checkbox"/>	03/24/2015	Referral to Senior	Further Review Needed	although uphold has been sent for Jayson, estate has made a claim to the benefits, previously we indicated we may send initial denial to estate, prior to payment, please rush refer to review claim made by the estate. to sr to co sign as rush per csin no match	Low			06 03/28/2015 Andrew Borelli
<input type="checkbox"/>	03/24/2015	Returned to Claim Examiner	Further Review Needed	although uphold has been sent for Jayson, estate has made a claim to the benefits, previously we indicated we may send initial denial to estate, prior to payment, please rush refer to review claim made by the estate. to sr to co sign as rush per csin no match	Low			05 03/24/2015 BRENNAN, AMY L.
<input type="checkbox"/>	03/24/2015	Payment sent for BRONSON, EILEEN M.	Potential Payment	although uphold has been sent for Jayson, estate has made a claim to the benefits, previously we indicated we may send initial denial to estate, prior to payment, please rush refer to review claim made by the estate. to sr to co sign as rush per csin no match	Low			04 03/24/2015 BRENNAN, AMY L.
<input type="checkbox"/>	03/24/2015	Mail Received	Further Review Needed	although uphold has been sent for Jayson, estate has made a claim to the benefits, previously we indicated we may send initial denial to estate, prior to payment, please rush refer to review claim made by the estate. to sr to co sign as rush per csin no match	Low			03
<input type="checkbox"/>	03/24/2015	Mail Received	Further Review Needed	although uphold has been sent for Jayson, estate has made a claim to the benefits, previously we indicated we may send initial denial to estate, prior to payment, please rush refer to review claim made by the estate. to sr to co sign as rush per csin no match	Low			02 03/24/2015 BRONSON, EILEEN M.
<input type="checkbox"/>	03/24/2015	Mail Received	No Action	although uphold has been sent for Jayson, estate has made a claim to the benefits, previously we indicated we may send initial denial to estate, prior to payment, please rush refer to review claim made by the estate. to sr to co sign as rush per csin no match				01
<input type="checkbox"/>	03/23/2015	Informational	No Action	although uphold has been sent for Jayson, estate has made a claim to the benefits, previously we indicated we may send initial denial to estate, prior to payment, please rush refer to review claim made by the estate. to sr to co sign as rush per csin no match				03
<input type="checkbox"/>	03/23/2015	Claim alert removed	No Action	although uphold has been sent for Jayson, estate has made a claim to the benefits, previously we indicated we may send initial denial to estate, prior to payment, please rush refer to review claim made by the estate. to sr to co sign as rush per csin no match				02
<input type="checkbox"/>	03/23/2015	Letter sent - Denial	No Action	although uphold has been sent for Jayson, estate has made a claim to the benefits, previously we indicated we may send initial denial to estate, prior to payment, please rush refer to review claim made by the estate. to sr to co sign as rush per csin no match				01

Claim Comments List

** TO VIEW MORE DATA - SELECT INDEX **

Insured Name: TRACY CRAWFORD

Insured SSN: 463139869

Employee ID: 00455138559

M&A Number:

Claim Number: 21412010327

Customer Name: SOUTHWEST AIRLINES

Dependant Name:

Team Code: A

Special Handling Required?: YES

Claim Number: 21412010327

Sequence Number: 2

Claim Alert: JAYSON CRAWFORD IS BEING REPRESENTED BY ATT. PLEASE SEE PAGE 92 HOTVIEW

Activity Date: 03/09/2015

Complex Claim: ☒ Yes ☐ No

Divorce (Final) (CR)

Activity Date	Activity	Created By	Call-Up Date	Call-Up Action	Claim Contact History Comments Review	Phy Name	Relationship	Contact Name	Contact Phone	Call Type	Assoc To Claim	Seq Nbr	Date Closed	Closed By
<input type="checkbox"/> 03/20/2015	Referral to Senior	BRENNAN, AMY L.		Further Review Needed	TO SENIOR TO REVIEW DRAFTED UPHOLD	Low						02	03/23/2015	BRENNAN, AMY L.
<input type="checkbox"/> 03/20/2015	Returned to Claim Examiner	COPPERWHEAT, TIM D.		Draft Denial	Appeal review - Uphold denied to spouse. Confirmed the prior designations were not revoked. No such language in the plan. Language states going forward (2013) they do electronic designations and not paper. Does not invalidate prior paper.	Low						01	03/20/2015	BRENNAN, AMY L.
<input type="checkbox"/> 03/19/2015	Informational	COPPERWHEAT, TIM D.		No Action	Out: http://www.gainnews.com/biobit/articles/article_58871788-863d-11e4-a442-4711f1a0b23e.html									
<input type="checkbox"/> 03/17/2015	Referral to Senior	BRENNAN, AMY L.		Further Review Needed	TO SENIOR TO REVIEW INFORMATION PROVIDED FROM ADMIN LARRY MCGUIRE THAT PAPER BENES WERE NOT VOIDED IF NO BENE ELECTED ONLINE	Low						01	03/20/2015	COPPERWHEAT, TIM D.
<input type="checkbox"/> 03/16/2015	Returned to Claim Examiner	BROWN, REBECCA A.		Further Review Needed	Hi Amy, I am returning to you to continue with your review and refer to continue with review of the appeal. Review ADMIN confirmed if there is no designation completed online, it reverts back to the paper designation, they were not considered no longer valid. Thanks Becky	Low								
<input type="checkbox"/> 03/16/2015	Life Claim Inquiry Response Sent	BROWN, REBECCA A.		Follow Up Life Claim Inquiry	Hi Larry, I'm following to see if you found out on any communications. Your email below indicated you were checking on any communications that may have been sent. Please advise Thanks Becky	Low								
<input type="checkbox"/> 03/13/2015	In coming call on a claim	Swleton, Colleen		No Action	confirmed we received appeal letter advised still in review will respond to his office once we have made determination			MICHAEL YOUNG	Attorney			02	03/17/2015	BRENNAN, AMY L.
<input type="checkbox"/> 03/13/2015	In coming call on a claim	Klossner, Brandon N.		No Action	checking on his appeal letter transferred to examiner as is an ally			MICHAEL YOUNG	Attorney			01	03/18/2015	BROWN, REBECCA A.
<input type="checkbox"/> 03/11/2015	Life Claim Inquiry Response Received	BROWN, REBECCA A.		No Action	Any No, if there is no barre on listed online with MetLife we revert back to the paper form that SWA had on file prior to the transition. I am double checking any communications. Thanks Larry D. McGuire							03		

Hi Larry, Thank you for your response. Our question is, the designation in 2008 that names Cooper, was this designation revoked or considered no longer valid

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<input type="checkbox"/>	03/11/2015	Life Claim Inquiry Response Sent	BROWN, REBECCA A.	Follow Up Life Claim Inquiry	when the customer went to online beneficiary designations. If so, was there a communication sent to the insured advising the prior designations would no longer be valid if so, can we be provided with a copy of the letter. I am showing the LCI is in your 2My work? and that you opened the task on 3/10/2015 and you made a note in the note tab Please advise Thanks Becky	Low	02	03/16/2015	BROWN, REBECCA A.
<input type="checkbox"/>	03/11/2015	Life Claim Inquiry Response Received	BROWN, REBECCA A.	No Action	Good Afternoon i do not show any outstanding LCI's, and I have answered this question in the past. There are no other bene forms with MetLife or with SWA. Thanks Larry D. McGuire		01		
<input type="checkbox"/>	03/10/2015	In coming call on a claim	Gonzales, Barbara	No Action	YES WE DID RECD DQCS, SENT RESPONSE TO ATTY	MANDY Ex-spouse	Status - Verify if Documents Received	02	
<input type="checkbox"/>	03/10/2015	Life Claim Inquiry Response Sent	BROWN, REBECCA A.	Follow Up Phone Call	Follow-up email sent to Larry McGuire for a status update.	Low	01	03/11/2015	BROWN, REBECCA A.

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Claim Comments List

**** TO VIEW MORE DATA - SELECT MORE ****

Insured Name: **TRACY CRAWFORD**
 Insured SSN: **455139959**
 Employee ID: **00455139959**
 M&A Number:

Claim Number: **21412010327** Activity Date: **02/18/2015** Sequence Number: **3**

Customer Name: **SOUTHWEST AIRLINES**
 Dependent Name:
 Team Code: **A**

Special Handling Required?: **YES**

Claim Alert **JAYSON CRAWFORD IS BEING REPRESENTED BY ATTY PLEASE SEE PAGE 92 HOTVIEW**

Complex Claim ☒ Yes ☐ No **Divorce (rival) (OR)** **Refresh**

Activity Date	Activity	Created By	Call-Up Date	Call-Up Action	Claim_History_Comments_Review	Review	Prtly	Contact Name	Relationship	Contact Phone	Call Assoc To	Seq Date	Nbr	Closed	Closed By	
<input type="checkbox"/> 03/05/2015	Life Claim Inquiry	BROWN, REBECCA A.	Follow Up Life Claim Inquiry		Email sent to Laru McGuire: Hi Laru, Please provide a status update on a LCI for Tracy Crawford-Southwest Airlines-claim number 21412010327-LCI ID# 40942 We are currently reviewing an appeal based on a denial to a party not the named beneficiary. We need to know if the beneficiary designation that is attached in MPM dated 04/28/2008 naming Cooper the great nephew was revoked or considered no longer valid once the customer went to online designations. If so, was there a written communication sent to the employees regarding this. If so, are they able to provide that actual letter sent to the insured or a copy of the generic letter that was sent. Please advise. As we have an appeal, we need an answer so we can continue with the appeal review Thanks Becky		Low					02	03/10/2015		BROWN, REBECCA A.	
<input type="checkbox"/> 03/05/2015	E mail sent on a claim	BRENNAN, AMY L.	Further Review Needed		ESCALATING TO MAILBOX AS THERE IS NO RESPONSE FROM LARRY/ADMIN		Low					01	03/05/2015		BROWN, REBECCA A.	
<input type="checkbox"/> 03/02/2015	Letter Sent	BRENNAN, AMY L.	Follow Up Letter		Request for missing documents from GUARDIAN OF COOPER BURNETT Death Certificate Insured, Claimant Statement Auto TCA		Low					01	03/24/2015		BRONSON, EILEEN M.	
<input type="checkbox"/> 02/28/2015	Letter Sent	SYSTEM	No Action		BGP01 letter sent to GUARDIAN OF COOPER BURNETT LETTER SENT TO C/O DENNIS SLATE ATTORNEY AT LAW-112 E FORREST DEER PARK TX US 77536										Beneficiary 01	
	Life	BRENNAN,	Further													BRENNAN,

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<input type="checkbox"/>	02/27/2015	Claim Inquiry	AMY L.	Review Needed	STATUS TO ADMIN LARRY MCGUIRE	Low	03	03/05/2015	AMY L.
<input type="checkbox"/>	02/27/2015	Reverse Decision	CASEY, PATIA	No Action	awaiting additional info.		02		
<input type="checkbox"/>	02/27/2015	Mail Received	Cardinale, Craig	Further Review Needed	RECEIVED DIVORCE DOCS ON 02/26/2015	Low	01	02/27/2015	BRENNAN, AMY L.
<input type="checkbox"/>	02/25/2015	Letter Sent	ONLY, BATCH	Approver Review	Request for missing documents from COOPER T BURNETT Death Certificate Insured, Claimant Statement Auto TCA	Low	01	02/27/2015	BRENNAN, AMY L.
<input type="checkbox"/>	02/24/2015	Letter Sent	SYSTEM	No Action	BGP02 letter sent to COOPER T BURNETT LETTER SENT TO: 10243 CATLETT LN C/O MANDY BURNETT LA PORTE TX US 77571		Beneficiary 01		
<input type="checkbox"/>	02/20/2015	Life Claim Inquiry	BRENNAN, AMY L.	Further Review Needed	LCI TO ADMIN LARRY MCGUIRE/NICHOLAS MELILLO ASKING IF THE BENE FORM HERE THAT I HAVE ATTACHED DATED 04/2008 WAS EVER REVOKED DUE TO ONLINE BENE'S. IF SO, WE NEED THE COMMUNICATION TO THE EMPLOYEES W DATES ETC.	Low	01	02/27/2015	BRENNAN, AMY L.
<input type="checkbox"/>	02/19/2015	Returned to Claim Examiner	Rose, Charles	Further Review Needed	PER APPEALS, WE NEED TO CONFIRM WITH ADMIN THAT THE PREVIOUS DESIGNATIONS WERENT REVOKED. ONCE THEY CONFIRM THAT, THEN WE ARE GOING TO UPHOLD THE DENIAL TO THE SPOUSE. AS THE ESTATE IS ALSO MAKING A CLAIM, ONCE ADMIN CONFIRMS THAT PRIOR DESIGNATIONS WERENT REVOKED, THEN WE CAN ALSO DRAFT A DENIAL LETTER TO THE ESTATE AND GIVE APPEAL RIGHTS.	Low	02	02/20/2015	BRENNAN, AMY L.
<input type="checkbox"/>	02/19/2015	Appeal Received	Rose, Charles	No Action	DISCUSSED IN APPEALS, PER APPEALS, PLEASE CONFIRM WITH ADMIN THAT PREVIOUS DESIGNATIONS WERE NOT REVOKED ONCE METLIFE TOOK OVER AS RK. IF ADMIN CONFIRMS THEN PER APPEALS WE WILL UPHOLD THE DENIAL.		01		
<input type="checkbox"/>	02/18/2015	Mail Received	FLEMING, KAY D.	No Action	2/18 DUPE ATTN: LETTER RECD AND ARCHIVED.		04		

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1 4 8 5 5 1 0 1 1

Claim Comments List

TO VIEW MORE DATA - SELECT MORE**

Insured Name: TRACY CRAWFORD
 Insured SSN: 456139898
 Employee ID: 6045139859
 M&A Number:

Claim Number: 21412010327

Claim Number: 21412010327
 Customer Name: SOUTHWEST AIRLINES
 Dependent Name:
 Team Code: A

Special Handling Required?: YES

Activity Date: 02/08/2015

Sequence Number: 1

Complex Claim: ☒ Yes ☐ No ☐ Invoice (Print) (PDF)

Activity Date	Activity	Created By	Call-Up Date	Claim_Created_History_Review	Comments	Relationship	Contact Name	Contact Phone	Call Type	Asson To
02/18/2015	Appeal Received	Rose, Charles	No Action	No	holding for appeal					
02/18/2015	Informational	Rose, Charles	No Action	No	found mother of the insured born on account of Nanas - MANDY BURNETT MANDY N BURNETT MANDY MACE MANDY N MACE MANDY NICOLE MACE Gender - Female 8428 SUGAR CREEK DR LA PORTE, TX 77571-2720 SSN(6) - xxx-xxx-8800 Lead - 1873417919 DOB(Age - 82/19/8 (89) Dates - Jun 2008 - Jan 2018 link to cert: http://callupdocsyscaric/CallupDocSysVehnt.exe?fileid=2001296146/1832849418241216105308915103379815105380115105380158676..._Southwest_Airlines_Co_-_96078-1-Q_-_Car3_122811_Effs_Life_ADD_-_BonafideSub_Plat9229_01-01-16.pdf nodeid=183774000&vernum=2					
02/16/2015	Informational	Rose, Charles	No Action	No	TO SENIORS TO REVIEW APPEAL OF THE FIRST DENIAL MADE TO THE SPOUSE SENT IN BY THE ATTORNEY. ALSO INCLUDED DRAFTED LETTER (INITIAL) FOR THE CLAIM MADE BY THE ESTATE.					
02/16/2015	Referral to Senior	BRENNAN, AMY L.	Further Review Needed	No	TO AMY: I see that we received an appeal letter from the same attorney since you sent over the attached denial for the Estate. So, I am sending this back to you. Please review all the documents at once and refer over as an appeal. We can bring this to appeal and address both denied letters at once.					
02/13/2015	Claims Examiner	Rose, Charles	No Action	No	REFERRAL IS WITH SENIORS NOW TO ADDRESS AN UNSIGNED LETTER MAKING CLAIM TO THE ESTATE. INITIAL DRAFTED LETTER FOR DENIAL TO ESTATE WAS SENT FOR REVIEW SEE APPEAL DATED 02/11/2015 FROM ATTORNEY J MICHAEL YOUNG FROM THE DENIAL WE INITIALLY MADE TO THE SPOUSE JAYSON. IF THIS NEEDS A SEPARATE REFERRAL FOR APPEALS BASED ON THE INITIAL LETTER TO JAYSON, PLEASE ADVISE.					
02/13/2015	Mail Received	Longo, Jason	No Action	No	2/11/2015 ATTORNEY LETTER APPEALING THE DENIAL TO JAYSON, TO TEAM FOR REVIEW AND REFERRAL TO SENIORS					
02/10/2015	Mail Received	Judiciant, Lauren	No Action	No	adv of denial letter sent out- adv client is not the bene- adv of appeal period- ha never recd denial will fax to him at 903 892 4302- also appears additional info recd and in review		MICHAEL YOUNG		Attorney	Claim Appeal Period
02/10/2015	In coming call on a claim	Judiciant, Lauren	No Action	No	WANTED TO KNOW WHY WE DO NOT REVIEW THE PLANS THE EMPLOYEES ARE GIVEN BY THE FIRM. ADVISED WE CAN ONLY SPEAK TO HIS ATTORNEY IN REGARDS TO THIS CLAIM. HE WILL HAVE THEM CONTACT US.					
02/08/2015	In coming call on a claim	HART, KRISTINA	No Action	No	TO SENIOR TO REVIEW THE 2ND INITIAL DENIAL FOR ESTATE CLAIM		JAYSON		Spouse	Claim Status Under Review
02/09/2015	Referral to Senior	BRENNAN, AMY L.	Further Review Needed	No	The letter is not signed, however states it is from the Estate of Tracy Crawford. We have no documentation to show who the Est rep is. Agree to draft an initial denial to the ally on behalf of the Estate. This section should state law governing in the Plan Doc is for privacy laws. The Plan also states it is no longer accepting paper designations. It does not state we are no longer honoring the designations already on file. Draft an initial appeal and refer to the est for review.					
02/09/2015	Returned to Claims Examiner	FLEMING, KAY D.	Denial	No						

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Claim Comments List

** TO VIEW MORE DATA - SELECT MORE **

Activity Date	Activity	Created By	Call-Up Date	Complex Claim	Claimant	Claimant History	Comments	Review	Activity Date	Sequence Number
Insured Name: TRACY CRAWFORD Insured SSN: 465139458 Employee ID: 00456139958 M&A Number: Claim Number: 21412010327 Claim Number: 21412010327 Customer Name: SOUTHWEST AIR Dependent Name: Team Code: A Special Handling Required?: YES Activity Date: 6/12/2015 Claim Alert: JAYSON CRAWFORD IS BEING REPRESENTED BY ATT. PLEASE SEE PAGE 02 NOT VIEW Divorce (Y/N) (C): <input checked="" type="checkbox"/> (C)										
Claimant Contact History Comments Review TO SENIOR TO REVIEW UNSIGNED LETTER WHICH APPEARS TO BE WRITTEN FROM SPOUSE MAKING A CLAIM FOR HIMSELF OR THE ESTATE DATED 02/04/15. NEED TO KNOW IF THREATING AS NEW CLAIM BY ESTATE OR REFER TO HIS ATTORNEY BASED ON DENIAL DATED 02/02/2015 AS HE IS BEING REPRESENTED BY COUNSEL.										
<input type="checkbox"/> 02/09/2015	Referral to Senior	BRENNAN, AMY L.	Further Review Needed	No Action	APPEAL UP 04/19/2015					
<input type="checkbox"/> 02/02/2015	Claim alert	BRENNAN, AMY L.	No Action							
<input type="checkbox"/> 02/02/2015	Letter sent - Denial	BRENNAN, AMY L.	If no appeal, continue processing							
<input type="checkbox"/> 01/13/2015	Returned to Examiner	BROWN, REBECCA A.	Send Letter							
<input type="checkbox"/> 01/29/2015	Letter Sent	BRENNAN, AMY L.	Follow Up Letter							
<input type="checkbox"/> 01/24/2015	Letter Sent	SYSTEM	No Action							
<input type="checkbox"/> 01/22/2015	Referral to Senior	BRENNAN, AMY L.	Further Review Needed							
<input type="checkbox"/> 01/22/2015	In coming call on a claim	Sullivan, Colleen	No Action							
<input type="checkbox"/> 01/23/2015	Internet Search Completed	BRENNAN, AMY L.	No Action							
<input type="checkbox"/> 01/23/2015	Returned to Examiner	Longo, Jason	No Action							
<input type="checkbox"/> 01/22/2015	Referral to Senior	BROWN, EILEEN M.	Senior Review							
<input type="checkbox"/> 01/21/2015	E-mail sent on a claim	BROWN, EILEEN M.	Follow Up email							

MICHAEL YOUNG Attorney

MET/CRAWFORD 00824

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5/19/2016

Claim Comments List

** TO VIEW MORE DATA - SELECT MORE**

Insured Name: TRACY CRAWFORD
Insured SSN: Redacted
Employee ID: 00455139959
M&A Number:

Special Handling Required?: YES

Claim Number: 21412010327

Activity Date: 01/12/2015

Claim Alert JAYSON CRAWFORD IS BEING REPRESENTED BY ATTY PLEASE SEE PAGE

Complex Claim ☒ Yes ☐ No

Divorce (rival) (CR)

Refresh

Activity Date	Activity	Created By	Call-Up Date	Call-Up Action	Claim_Contact_History_Comments_Review	Prty	Contact Name
<input type="checkbox"/> 01/22/2015	Referral to Senior	BRONSON, EILEEN M.		Senior Review	to reivew rival by spouse	Low	
<input type="checkbox"/> 01/21/2015	E mail sent on a claim	BRONSON, EILEEN M.		Follow Up email	to southfield re April, The Employee is Tracy Crawford The beneficiary form you have attached is cutting off the names of the beneficiaries and the name of the insured, however, this form does not look like it?s the correct beneficiary form. The attached form is for insured XXXXX Phillips not Tracy Crawford. Can you please double check the form and verify this is for my employee.	Low	
<input type="checkbox"/> 01/21/2015	E mail sent on a claim	BRONSON, EILEEN M.		Follow Up email	to april for the bene form to be attached to the email as not in dit	Low	
<input type="checkbox"/> 01/21/2015	Email Received	BRONSON, EILEEN M.		No Action	from southfield re Hi Eileen, I have just uploaded the beneficiary form to you. We rec?d this form from the customer Southwest Airlines Thank you, April Fitzgerald Group Insurance Administrator US Life Claims Operations 25330 Telegraph Rd., Suite 440 Southfield, MI		

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<input type="checkbox"/>	<u>01/20/2015</u>	E mail sent on a claim	BRONSON, EILEEN M.	Follow Up email	48033 (Office: 1-248-603-8040) afitzgerald@metlife.com to southfield april fitzgerald re April, The system indicates you are the contact in Southfield for this claim. We have a rival on this claim and there are questions regarding the beneficiary form on file for this claim. Can you please send me the beneficiary designation form on file for this claim? We need the most recent beneficiary form and also any designation forms on file that may name a Jayson Crawford spouse as the beneficiary.	Low
<input type="checkbox"/>	<u>01/16/2015</u>	In coming call on a claim	Murinka, Kathleen	No Action	REQUESTED FAX NUMBER TO SEND LETTER OF REP EXPLAINED TAT FOR FAXES	MICHAEL YOUNG
<input type="checkbox"/>	<u>01/15/2015</u>	Returned to Claim Examiner	Spaven, Annemarie	Further Review Needed	TO Eileen to reach to Southfield for designation.	Low
<input type="checkbox"/>	<u>01/15/2015</u>	E mail sent on a claim	BRONSON, EILEEN M.	Follow Up email	to ul a spave as a rush as no response from admin	Low
<input type="checkbox"/>	<u>01/14/2015</u>	In coming call on a claim	May, Michael	No Action	CALLER STATED THAT HE AND HIS WIFE REDID HER BFD IN OCT OF 2012 AND NAMED HIM AS THE SOLE, PRIMARY BENE. CALLER IS AWARE THAT SOMEONE ELSE IS NAMED BC THE ONLY INFO THE ER HAD WAS AN OLD PAPER DOC THAT WAS DONE BEFORE 2012. CALLER IS LOOKING TO TAKE LEGAL ACTION IF THE BFD DECISION IS UPHOLD AND NO ELECTRONIC BFD DATA CAN BE FOUND. HE WILL FOLLOW UP WITH US ON FRIDAY AFTERNOON TO SEE IF THERE'S BEEN ANY PROGRESS.	JAYSON CRAWFORD
<input type="checkbox"/>	<u>01/13/2015</u>	In coming call on a claim	James, Jonathan	No Action	Caller is parent of a minor bene, asking if custodial guardianship will suffice, adv it does not and will require guardianship over property.	MANDY
<input type="checkbox"/>	<u>01/13/2015</u>	Life Claim Inquiry	BRONSON, EILEEN M.	Follow Up Life	last attempt to get docs from larry prior to escalation to ul	Low

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			Claim Inquiry	
<input type="checkbox"/>	<u>01/13/2015</u>	In coming call on a claim Di Fillippo, Heather	No Action	she is minor bene cooper's mother, explained minor on dep act/guardianship docs. she understands and is working on compelling docs
				MANDY
<input type="checkbox"/>	<u>01/13/2015</u>	Di Fillippo, Heather	No Action	

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Claim Comments List

** END OF LIST **

Insured Name: TRACY CRAWFORD
Insured SSN: Redacted
Employee ID: 00455139959
M&A Number:

Special Handling Required?: YES

Claim Number: 21412010327

Activity Date: 01/12/2015

Claim Alert JAYSON CRAWFORD IS BEING REPRESENTED BY ATTY PLEASE SEE PAGE 92

Complex Claim ☒ Yes ☐ No

Divorce (rival) (CR)

Refresh

Activity Date	Activity	Created By	Call-Up Date	Call-Up Action	Claim_Contact_History_Comments_Review	Prt	Contact Name
<input type="checkbox"/> 01/12/2015	In coming call on a claim	Mezza, Dante		No Action	ADV THAT WE HAVE RCVD THE LETTER AND IT IS BEING REVIEWED, GAVE TAT.		JASON
<input type="checkbox"/> 01/08/2015	Life Claim Inquiry	BRONSON, EILEEN M.		Follow Up Life Claim Inquiry	to larry for the bene form and to confirm no bene that names the spouse	Low	
<input type="checkbox"/> 01/08/2015	Correspondence Received	Mender, Beverly		No Action	RECD LETTER FROM HUSBAND JAYSON INDICATING THAT HE SHOULD BE DESIGNATED BENEFICIARY AND DESIGNATION WAS CHNAGED. PER METLINK SUBMISSION , IT LISTS A MINOR CHILD- COMPLEX FOR REVIEW		
<input type="checkbox"/> 01/08/2015	Death Certificate Is Required	Singh, Narendra		Approver Review		High	
<input type="checkbox"/> 01/07/2015	Mail Received	Singh, Narendra		Further Review Needed	RCVD OTHR DOC ON 01/06/2015.	High	
<input type="checkbox"/> 01/06/2015	Email Received	Spaven, Annemarie		No Action	From: McGuire, Larry Sent: Tuesday, January 06, 2015 2:20 PM To: Spaven, Annemarie		

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Subject: FW: Tracy Crawford xxx-xx-9959
Annemarie, The husband is faxing in a letter to
dispute the bene we show for this case. Thanks
Larry D. McGuire|National Accounts|South
Customer Unit

<input type="checkbox"/> 01/06/2015	In coming call on a claim	Swieton, Colleen	Send Letter	stated that he is rivaling claim - provided fax # to submit to us	Low	JASON CRAWFOR
<input type="checkbox"/> 12/24/2014	Claimant Statement Received Date Is Blank For Beneficiary	Webserver id, MetLink	Approver Review		High	COOPER 1 BURNETT

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